DECLARATION

I, MASEKE RICHARD MGABO, hereby declare to the best of my knowledge that this dissertation is my own original work and has not been presented elsewhere in part or otherwise for the award of a degree in any other University or publication.

Signature……………………………………………………………………………………………

MASEKE RICHARD MGABO

Date………………………………………………………………………………………………

Supervisor:

Prof. Charles Rwabukwali

Signature……………………………………………………………………………………………

Department of Sociology

Faculty of Social Sciences

Makerere University

P.O.Box 7062, Kampala
DEDICATION

This work is dedicated to my wife Sarah and my daughters: Karen, Penninah and Shalom who felt my absence in the family during my studies. Their firmness had been psychological support to my success in this master programme.
# LIST OF ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ARVs</td>
<td>Antiretroviral drugs</td>
</tr>
<tr>
<td>CBOs</td>
<td>Community Based Organizations</td>
</tr>
<tr>
<td>CSWs</td>
<td>Commercial Sex Workers</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Human Immune Deficiency Virus/ Acquired Immune Deficiency Syndrome.</td>
</tr>
<tr>
<td>ICLARM</td>
<td>International Center for Living Resource Management.</td>
</tr>
<tr>
<td>IECs</td>
<td>Information and Education and Communication materials</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MOHSS</td>
<td>Ministry of Health and Social Services</td>
</tr>
<tr>
<td>NACP</td>
<td>National AIDS Control Programme</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-Governmental Organizations</td>
</tr>
<tr>
<td>RAS</td>
<td>Regional Administrative Secretary</td>
</tr>
<tr>
<td>STIs</td>
<td>Sexually Transmitted Infections.</td>
</tr>
<tr>
<td>TACAIDS</td>
<td>Tanzania AIDS Commission</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>United Nation’s AIDS Programme</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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ABSTRACT

This study was conducted in Lukuba Island, the study aimed at investigating the socio-cultural factors and challenges influencing condom use among the fishing communities in Lukuba Island in Mara region, Tanzania. Specifically the study targeted at addressing four objectives namely: to understand meanings people subscribe to condoms (especially male condoms) in sexual relationship and HIV/AIDS prevention, to investigate the social and cultural factors hindering condom use in fishing communities, to identify challenges faced in promoting condom use in fishing communities and to suggest contextually appropriate approaches for strengthening condom use among the fishing communities.

This study collected data from both primary and secondary sources. In doing this, 138 respondents were involved. A purposive sampling technique was used to select the respondents across all residences in the study area. Data collected included: both Qualitative and Quantitative data. Qualitative data was manually analyzed basing on the themes and contents, whereas, quantitative data were analyzed with the aid of Statistical Package for Social Sciences Research (SPSS) computer programme. Under quantitative analysis, descriptive data analysis was done which included running: the frequencies, cross-tabulation and Chi-square testing. This study is informed by two theories; ecological health model and Social learning theories.

Results from the study revealed that Lukuba dwellers are aware of the presence of HIV/AIDS and STIs and they are aware of condom use as one of the ways of protecting them from HIV infections. Varieties of condoms were
found being sold on the Island. However, condom use was found to be low and inconsistent among the Island dwellers. This study identified factors for this low use and inconsistence of condoms on the Island. Besides, it was found that the Island received few and sometimes no intervention in a year from either responsible government departments or non government HIV/AIDS agencies.

In view of the above findings, the study had the following to recommend: frequently HIV/AIDS controlling intervention should be directed to fishing communities as it is done to other parts in the region. The study found out that STIs is on increase, in this regard, there is a need to introduce HIV/AIDS and STIs prevention promotions by using mobile clinics and provision of VCT services to the Island.

However, women living on this Island also need to be empowered both socially and economically in order to have negotiation capabilities in sex relations and take legal action in case they are sexually abused.

Finally, the distribution of ARVs to Lukuba residents who are living with HIV, especially those whose health has been deteriorated by AIDS is needed since there is no such service which is freely provided to the Island like in other parts of the country.
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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The impact of the AIDS epidemic in Africa first became apparent in 1982 from Lake Victoria fishing villages of Kasensero and Lukunyu in Rakai district in Uganda (Tanzarn and Sambook, 2005). Like Uganda, in Tanzania, the first HIV/AIDS incidence was identified in Kagera region, which is one of the regions with fishing communities. Africa and more particularly Sub Saharan Africa is at the heart of the HIV/AIDS epidemic by having a prevalence of 6.1% (UNAIDS/WHO 2006). For example, some studies have shown that global HIV/AIDS prevalence rates are particularly high in fishing communities. For example, 15% compared to the national average of 0.6% in Thailand (Soskolne, 2000) and 70% in Lake Island compared to the national average of 15% in Kenya (HIV/AIDS News, 2005). In Tanzania, fishermen are estimated to be five times more likely to die of AIDS-related illness than farmers (Ainsworth & Semai, 2000). Nevertheless, fishing communities have been given little attention by HIV/AIDS supporting agencies (Tanzarn and Sambrook, 2005).

While WHO and UNAIDS recommend condoms as means to prevention of HIV/AIDS and other STIs (Mednick, 2006 and Gollub 2000), non-condom use is still a problem worldwide (Gyarmathy et al, 2002; Mednick, 2006). It is reported that little attention has been given to fishing communities, nevertheless they are aware of the presence of HIV/AIDS and preventive measures including condom use (http://comm.uea.ac.uk/press/release.asp?id=471). However, unsafe sex is highly reported among fishing communities and as a result, HIV/AIDS and STIs prevalence on the increase (Karukuza and Bob, 2005).
Though most people in Sub-Saharan Africa know about condom use (Sohail, 2001) still its use is socially, culturally, and contextually bound (Hart et al, 1999). According to Mufune (2005) there are myths associated with non use of condoms, which necessitates further research and health education to overcome them. It is from this background that the researcher explored the Socio-cultural factors and challenges on male condom use among the fishing communities in Tanzania.

1.2 Statement of the Problem.

Despite the high prevalence of HIV/AIDS among fishing communities, little interventions have been focused onto these communities in the Great Lakes Regions of East Africa (Tanzarn and Sambrook 2005; Karukuza and Bob, 2005). However, members of these fishing communities are aware of the epidemic and the condom is the most known preventive measure for the spread of HIV/AIDS in their areas. While Non-use of condoms is a global problem, it is particularly acute among the fishing communities (Karukuza and Bob, 2005) since they register high prevalence rates than the neighboring communities (Tanzarn and Sambrook 2005; Gordon, 2005; Ainsworth & Semai, 2000). For example, in Kenya, Nyanza Province which is one of the famous fishing provinces has an average HIV/AIDS infection rate of 14.7 percent compared to Kenya’s national average of 9 per cent. Alarmingly, the rate varies by as much as 30 percent across the province. Moreover, in Suba district, again it is as high as 41 percent (AfroAIDSinfo, 2005). In Tanzania, fishermen are estimated to be five times more likely to die of AIDS-related illness than farmers (Ainsworth & Semai, 2000) On the other hand; needs and the demand of condoms, and HIV prevalence for fishing communities in Tanzania are not known.

In order to promote condom use in a particular society or community such as fishing community, one needs to understand the current demand and supply of condoms, socio-cultural factors, social constructions and meaning that the targeted population gives to sex,
HIV/AIDS and their influence to condom use, non use or low use as HIV/AIDS preventive measure among other measures. Many studies have been done on condom use as a preventive measure to HIV/AIDS from different countries. For example; Mnyika et al 1995 in Tanzania; Gyarmathy et al, 2002 in Eastern Europe and Mufune 2005 in Namibia. However, no study has been done specifically focusing on how socio-cultural factors and associated challenges influence either positively or negatively condom uses as HIV/AIDS preventive measures among fishing communities. It is from this background therefore that the researcher explored the socio-cultural factors that influence condom use among the fishing communities in Tanzania.

1.3 Objectives of the Study.

1.3.1 General Objective.

The research aimed at investigating the socio-cultural factors and challenges influencing condom use among the fishing communities in Tanzania.

1.3.2 Specific Objectives.

The study specific objectives were;

1. To understand meanings people subscribe to condoms (especially male condoms) in sexual relationship and HIV/AIDS prevention.

2. To investigate the social and cultural factors hindering condom use in fishing communities.

3. To identify challenges faced in promoting condom use in fishing communities.

4. To suggest contextually appropriate approaches for strengthening condom use among the fishing communities.
1.4 Scope of the Study

The study was conducted in Lukuba Island in Musoma rural district, Tanzania. It covered selected fishing camps such as Seng’enge, Makali, Kinyonjoi- a business center and purposive selected households on the Island. Female and males, both young and the elderly were involved in the study. The study focused on understanding how socio-cultural factors influence condom use on the Island. In this study the condom use as HIV/AIDS preventive measure is treated as a dependent variable while people’s attitudes, beliefs, social construction, presence of prostitutes, accessibility to reproductive health [especially condoms], knowledge of HIV/AIDS, HIV risk preventive interventions and alcoholisms were treated as independent variables. This study was informed by the ecological health model and the social learning theory. The ecological health model shows us how HIV/AIDS spread as an epidemic is related to individual, environment and the virus, while the social learning theory suggests how the understanding of society’s norms and values can influence and shape the healthy behaviors and hence combat the spread of HIV in societies.

The study lasted for a period of eight (8) months, it started in April to December 2008. This time frame included data collection, processing and report writing.
1.5 **Significance of the Study**

This study was thought to be significant because of the following:

(i) The study will add knowledge onto understanding the factors contributing to high prevalence of HIV/AIDS among the fishing communities. Through this, it is expected that the research findings will help the economic and rural development planners at local level (district, division, wards and villages) to design interventions that will help to rescue the fishing sector on decreased available labor force for the growing fishing industry in the country and other rural economic sectors due to the deaths caused by HIV/AIDS.

(ii) The study findings will be used by the government and HIV/AIDS implementing agencies to improve on the approaches employed in fighting against HIV/AIDS in the country in order to suit the challenges on the ground. Particularly on adding knowledge and fine tuning IEC [Information, Education and Communication Tools] and condom distribution strategies in the country but more predominantly to fishing communities.

(iii) Although condoms and IEC materials have been distributed since the early 1990s, no study in Tanzania has looked at the challenges that socio-cultural factors have on condom use. The study will give an overview on the HIV/AIDS fight and available IECs in terms of their strengths and weakness.

(iv) In addition, the research can create an interesting ground to encourage more researchers to research in the areas of fishing communities and rural development in general, since it is assumed that HIV/AIDS affecting the fishermen can easily be passed on to other rural non fishing communities, since fishermen have direct and close links with the community at large.
1.6 Conceptual Framework

High prevalence of HIV/AIDS among the fishing communities is influenced by various factors. One of the main factors is non-use of condoms (Karukuza and Bob, 2005). Hart et al. (1999) comments that condom use is socially, culturally, and context bound. The ecological health model looks at the spread of HIV as an interaction between the [host] individual, [the social environment] which may include among others; culture, beliefs, lifestyles, myth, knowledge, attitudes, presence of CSWs, fishermen accessibility to daily cash, availability of condoms and personal behaviors and [the agent -HIV virus] Novick (2001) . In preventing HIV risk, condom use is seen as one of the most effective and easiest measure to combat HIV/AIDS among other means, yet condom use among fishermen is low (Karukuza and Bob, 2005). As a result, HIV infection and prevalence among fishing communities is continuing to increase as compared to non-fishing communities (Allison, 2004; Thaxton, 2005; Tanzarn and Sambrook, 2005).

In reference to ecological health model the host, agent and the social environment are claimed to influence the spread and high prevalence of HIV. If the social environmental factors are altered to high level of effective condom use, the assumption is that heterosexual HIV infection rate will be low. This means that by enhancing communication for behavioral changes, in our case, condom uses are thought to increase, socio-cultural and environmental factors fueling non-use of condom will be readjusted if not overcome, eventually blocking the interaction between the host and the agent, hence combating HIV spread.

Furthermore, in order to initiate changes in the susceptibility behaviors of individuals to HIV risks, the ecological health model gives an emphasis to corresponding changes in the individual sexual behavior and the social environment factors susceptible to HIV infections,
and for the entire community including those who are potentially at risk of HIV infections.
From this perspective, individual health practices are viewed as subjective and shaped by physical and social environmental which include: social expectations, cultural norms, economic conditions, life styles, living conditions, and individual [personal] characteristics. For HIV prevention programs to be effective, it requires targeting more healthy lifestyles that include healthy changes in personal habits and decisions within the prevalent socio-cultural norms and beliefs in relation to sexual behaviors. The role of individuals and personal lifestyle and choices are important determinants of vulnerability to HIV risk. From this understanding, population-based and individual-targeted intervention programs are not exclusive with, but are complementary to HIV prevention programs (Bhattacharya, 2004).
Figure 1: Conceptual Framework of the Study

**HOST/INDIVIDUAL(S)**
- Socio-Demographic Characteristics
  - Age
  - Sex
  - Education
  - Religion
  - Occupation
  - Income

**ENVIRONMENT**
- Socio-Cultural Environment
  - Knowledge
  - Beliefs system
  - Myth
  - Availability of HIV/AIDS Intervention
  - Accessibility of Health services
  - Availability of condoms.
  - Knowledge on condom use
  - Presence of CSWs
  - Rape Alcoholism

**LEVEL OF CONDOM USE**
- High condom use
- Low condom use
- None condom use

**Level of HIV Prevalence**
- High
- Low
1.7 Theoretical Framework

The theoretical constructs based on social learning theory in health, hypothesizes that beliefs about a given societal norms influence and shape its health behavior. Unless those beliefs are reconstructed, health behaviors are difficult to change. Although knowledge of HIV risk factors is essential, efforts to initiate changes in behaviors also require individuals and society efforts to challenge the belief system and to translate the knowledge into health practices at the individual level (Bandura1986). In this sense, HIV/AIDS prevention programs including promotion of the use of condoms to succeed requires thoroughly understanding of the socio-cultural norms and expectations that influence the social constructions, myths, attitudes and beliefs that people have pertaining to use or non-use of condoms. We should also remember that condom use is a new innovation which needs thorough knowledge sharing through training, basing on the understood gaps of knowledge form socio-cultural perspectives for behavioral change programme/ project or intervention to succeed. Thus condom use promotion should focus on changing negative attitudes on condom use into positive attitudes.

1.8 The Guiding research questions

This study is guided by the following research questions;

1. What social constructions do people in Lukuba Island have on condoms that hinder its uses?
2. What challenges are likely to be faced by HIV/AIDS agencies in promoting condom use in Likuba Island?
1.9 Definition of Key Concepts

**Socio-cultural factors** - these include; culture, knowledge, values, norms, belief system, myth, availability of HIV/AIDS intervention, availability, accessibility and affordability of condoms.

**Fishing Communities** – These refer to communities whose peoples’ living depend mainly on fishing activities (which include; fishing, processing, transportation, storage and marketing both in large and small scale) in most cases they are either migrant or permanently residing along the seas, lakes and rivers.

**Fishing camps** – These refer to permanent or temporary residences (sites) where people involved in fishing activities stay. These residences are mainly located on the ocean coasts, Lake Island or along the rivers.

**World of view** - the way people understand things from lay perspectives

**Social construction** - this is more or less similar to world of view, but more to this people imaginations are taken as reality which in fact it is contrary to scientific or universal understanding.
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents literature reviewed about the HIV/AIDS and condom use across diverse socio-cultural and economic contexts. The purpose of this literature is to broaden the researcher’s understanding of the nature and magnitude of the problem and most importantly to help in identifying the gaps that need to be filled. Specifically the chapter presents literature reviewed on: general global and regional overview about HIV/AIDS, factors associated with HIV/AIDS infections among fishing communities, condom use as HIV/STIs prevention mechanisms and perception of condom use in diverse communities. The gaps identified are also summarized at the end of the chapter.

2.2 General Overview on HIV Prevalence at Global Level

Human Immunodeficiency Virus-HIV the virus that causes AIDS is the current greatest health challenge in the world today. It is estimated that more than 25 million people worldwide have died of AIDS since 1981. Africa had 12 million AIDS orphans by 2005. By the end of 2005, women accounted for 48% of all adults living with HIV worldwide, and 59% are found in sub-Saharan Africa. Young people (15-24 years old) account for half of all new HIV infections worldwide, whereas around 6,000 become infected with HIV every day (UNAIDS, 2005).

Other regions are not as highly infected as Sub Saharan Africa. For example, Asia, Oceania, Latin America, North America, West and Central Europe have HIV/AIDS prevalence below 0.5 % whereas Eastern Europe and Central Asia have a prevalence of 0.8% and Caribbean...
has a prevalence of 1.6% whereas Sub-Saharan Africa leads by having a prevalence of 6.1% (UNAIDS/WHO 2006).

2.3 Global Situation on HIV/AIDS in Fishing Communities.

2.3.1 Fishing Communities and HIV/AIDS in South Asia, Latin America and Eastern Europe

Although data is sparse, particularly for the major fisheries of South Asia and for Latin America and Eastern Europe, available evidence shows that deep sea fishermen, coastal and inland small-scale fishing communities appear to have exceptionally high rates of HIV sero prevalence compared to the general population (Allison and Seeley, 2004). These high rates and the high incidence of deaths in fishing communities from AIDS-related diseases have begun to come to the notice of fisheries analysts around the world (AfroAIDSinfo, 2005).

The most reliable data on sero prevalence comes from recent studies in Thailand and Cambodia, where the large populations of migrant deep-sea fishing communities have come to the attention of policy makers, largely through their status as illegal immigrants. Prevalence rates of 15–20% among fishermen in the region mark them out as a very high-risk group, comparable to other high-risk groups such as commercial sex-workers, military recruits and long-distance truck drivers. As a comparison, the South East Asian regional rate for sexually active adults in the general population is 0.6% (UNAIDS/WHO 2006)

2.3.2 The Great Lakes Regions of East Africa.

The first HIV/AIDS case in East Africa was identified in Kasensero and Lukunyu fishing villages in Rakai, Uganda (Tanzarn and Sambook, 2005) This is more than two decades ago. However, no strategic initiatives were put in place to reduce HIV infection to fishing communities until recently for Uganda (MoH, 2005). However, HIV prevalence in fishing areas of the Great Lakes region of East Africa is higher than neighboring agricultural areas.
For example, in Kasenyi Landing site, on Lake George, Uganda, 81% of the people who accessed VCT facilities were found to be HIV positive (Howard et al, 2004; IRIN, 19 July 2005).

Howard et al. (2004) explain that in 1992, 24% of the fishermen tested on Lake Albert were HIV-positive as compared to about 4% of their counterparts in the nearby agricultural villages. According to her, recorded AIDS cases in Uganda by end of 2002 showed the highest number of AIDS cases in the districts of Masaka, Mpiji and Jinja. All the three districts are found along Lake Victoria.

In Kenya, Nyanza Province which is one of the famous fishing provinces has an average HIV/AIDS infection rate of 14.7 percent compared to Kenya’s national average of 9 per cent. Alarmingly, the rate varies by as much as 30 percent across the province. Moreover, in Suba district, again it is as high as 41 percent (AfroAIDSinfo, 2005).

In Tanzania, little has been done as far as HIV/AIDS is concern among the fishermen. However, fishermen are estimated to be five times more likely to die of AIDS-related illness than farmers (Ainsworth & Semai, 2000) with an assumption that fishing communities are enclosed by rural communities. No information is available on the actual HIV prevalence among the fishing communities in Tanzania.

However, most of the interventions in East Africa have been focusing on the barmaids (Mhalu et al, 1991), long haul-truck drivers (Nunn et al. 1996; Gibney et al 2003), adolescents (Ankrah, 1996) and sex workers (Outwater et al, 2000) as risk groups to HIV/AIDS infections in the region. High risk to infection was related to their low condom use (Mnyiaka et al. 1995).
Despite the fact that fishing communities in Great Lakes region of Africa have been given little attention by HIV/AIDS preventing agencies, they are aware of HIV/AIDS and preventive measures including condom use. Yet, still practice unsafe sex (Karukuza and Bob, 2005) which put them at high susceptibility to HIV infections.

Other researchers who have written on fishermen and HIV/AIDS in Great Lakes region of Africa include (Karukuza and Bob, 2005; Tanzarn and Sambrook 2005; Gordon, 2005; Ainsworth & Semai, 2000; Allison and Seeley, 2004). They have all reported high prevalence of the HVI in the fishing areas. However, none of these studies gave a critical look at the socio-cultural factors influencing condom use among the fishing communities as one of the employed means towards HIV prevention.

2.4 Condom Use as Perceived in Different Places

The meanings people subscribe to condoms influence its use or non use. Despite the knowledge of AIDS being nearly universal among youth, rates of condom use remain low (Stat Complier, 2002; UNAIDS, 2000; Longfield et al, 2004; Mnyika et al., 1995). Several reasons have been expressed as factors contributing to low condom use. For example, in Tanzania condoms have been said to lessen sexual pleasure, associated with CSWs, and their use shows a low degree of trustworthiness and promiscuity (Mnyika et al., 1995). These factors have been expressed by condom users in most parts of the world (Meekers et al, 2001; Bhattacharya, 2004; Mufune, 2004; Witte et al, 2003, Tersbol, 2002, Fox, 2002).

Non-condom uses have been also associated with their poor quality. In Uganda for example, “Engabu” male condom brand was removed from circulation due to its poor quality which eventually caused a shortfall of 1.5 million condoms for sexually active population in Uganda by 2005 (Uganda AIDS Commission, 2006).
In Namibia, males have suspected the lubricant gel in condoms for the spread of HIV, while female fear male condoms can get lost in the vagina. On the other hand, it has been expressed that some males and females are irritated with the offensive smell from condoms which decreases sexual pleasure (Mufune, 2005).

Philpson et al (2001) argued that low condom use in Africa is due to high cost which majority cannot afford. According to Mufune (2005), nowadays African countries are promoting condom use at no cost through government /public health system and the social market at very low cost, yet consistence of condom use remains low (ibid 676). The issue of inability to buy condoms is not expected to be the case with fishermen and women as compared to farmers, fishermen and women access cash daily (Allison, 2004; Karukuza and Bob, 2005; Thaxton, 2005).

Transport problem has been mentioned as a reason for condom shortage, yet fishermen and women get other basic necessities including beers from nearby towns (Karukuza and Bob, 2005). If condoms were on high demand like beers, one would expect that condoms could be among the commodities to buy from nearby towns. This gives an impression that no HIV/AIDS intervention among fishing communities in Great Lakes region of Africa has not explored the socio-cultural factors and meanings subscribed to Sex, HIV and condom use (Uganda-MoH, 2005; Thaxton, 2005; Tanzarn and Sambrook 2005; Karukuza and Bob, 2005, Howard et al, 2004).

In Kenya, it was found that people aged above 35 years did not use condoms when having sex with young girls. This is due to their misconceptions that young girls were at low risk of HIV and STIs. On the other hand, young girls lacked power to negotiate on condom use for safe sex. This was associated with fear to lose their relationship with old men who provided them with cash (Longfield et al, 2004). In other words, old men were girls’ source of income.
The issue of improving women economic empowerment has been suggested as a strategy to fight HIV against women in fishing communities. For example, in her study, Gordon reported that women in Nyanza Province in Kenya exchange sex with fish from fishermen because they are poor. Gordon suggests that the women should be empowered economically and emphasizes safe sex (Gordon 2003:9). However, economic empowerment alone might not be the solution, as we saw earlier, some researchers have suggested that condom use is socially, culturally, and context bound (Hart et al, 1999); myths have been claimed to influence use of condoms; Mufune says, society [men and women] have social constructs on their sexual behavior and practices, and it is these social constructs which influence and shape their sexuality (Mafune, 2005).

In order to understand factors influencing use or non use of condoms, one needs to understand it from the context perceived by individuals themselves. This has to involve understanding the preoccupied meanings of; sex, sexual pressure, HIV and condom use from people’s world of view of the communities. It is from this understanding that one can change peoples’ world of view from negative [susceptible] to positive attitudes towards condom use.
2.5 Global Overview

2.5.1 Condom Use as HIV/STIs Prevention Mechanism.

World Health Organization and UNAIDS are recommending condoms as one of the means to prevention of HIV/AIDS and STIs (Mednick, 2006 and Gollub, 2000). Other means are Abstinence, Be faithful, voluntary counseling and testing (VCT) which is accompanied with treatment of people who are HIV/STI positive. However, studies show that low, inconsistence or non-condom use is still a global problem (Meekers et al, 2004). Statistics complied by UNAIDS shows that Middle East and North Africa are equally affected with HIV like other parts of the world. The main mode of HIV transmission in these regions is unprotected sexual contact, although injecting drug is becoming an increasingly important factor (and is the predominant mode of infection in at least two countries, Iran and Libya). Since the main mode of HIV transmissions is unprotected sexual contacts then this predicts low condom use (UNAIDS, 2000).

In explaining condom use situation, Gyarmathy and others add that while rates of HIV and STD infection in Eastern Europe is increasing rapidly, little is known about sexual behavior, including condom use, among Eastern European youths (Gyarmathy et al, 2002). Whereas, Mednick puts a similar sentiment that, in United States where condom availability is pervasive, only 58% of sexually active youth use condoms (Mednick, 2006).
2.5.2 Condom use in Sub Saharan Africa

In sub-Saharan Africa most people know about the condoms (Sohail, 2001), though Hart et al (1999) explain that its use is socially, culturally, and context bound. A study conducted in Tanzanian urban settings reports that there are underlying psychosocial barriers to condom use (Mnyika et al, 1995). It is also argued that non-use of condoms may be high even among the more educated sections in Africa (Peltzer 2001; Witte et al. 2003). This means that there is no relationship between condom use and the level of education.

Few countries have documented percentage of condom use for their sexually active population. In Uganda for example, it was estimated to be 11% by year 2000, in Namibia it is 8.9% (MOHSS, 2003). For most of Sub Saharan African countries, it is estimated to be less than 15% (Meekers et al 2004).

There are barriers that lead to low condom use worldwide (Gyarmathy et al 2002; Bhattacharya, 2004; Gollub, 2000; Longfield et al, 2003). This confirms what was recently found among the fishermen in Lake Kyoga Uganda. Fishermen in this area practice unsafe sex, despite an awareness that condoms are the most available, simple and cheapest means of HIV/STIs prevention in the area (Karukuza and Bob, 2005). Similar findings on low condom use have been reported on the coast areas of Tanga, Tanzania (Thaxton, 2005). No available information has been reported on condom use behavior among fishermen and women on Islands of Lake Victoria particularly for Musoma district.
2.6 Factors Fueling HIV/AIDS Infections among Fishermen/Women.

Various authors have attributed several factors to fishermen’s susceptibility to HIV/AIDS. Fishermen and women are migrants and mobile like other people who are seeking green pastures, as they migrate they form new sexual networks that have increased their risks for HIV infection, which is eventually spread among fellow fishermen in surrounding communities and their homeland (Allison and Seeley 2004; Karukuza and Bob, 2005; Thaxton, 2005; Tanzarn and Sambrook 2005; Ainsworth & Semai, 2000). It has also been argued that due to accessibility to daily cash, drug use and alcohol are among the factors fueling HIV infection among fishermen (Karukuza and Bob, 2005; Pearson, 2004; Mbulaiteye et al, 2000; Thaxton, 2005). Like other migrants, fishermen spend many days away from their wives; as a result, it is easy for them to access and pay sex workers who are available in the fishing site (Thaxton, 2005; Allison and Seeley 2004; Ainsworth & Semai, 2000; Karukuza and Bob, 2005).

However, it has been reported that fishing communities and fishermen in particular are given little attention on HIV/AIDS fight by the development changing agencies. Most of NGOs, CBOs and government agencies are concentrated in mainland, leaving people in fishing communities and remote areas isolated in terms of awareness and treatment. (Thaxton, 2005; Tanzarn and Sambrook 2005; Karukuza and Bob, 2005).
2.7 HIV/AIDS and STIs in Tanzania

Tanzania like other countries in Sub Saharan is not spared of HIV/AIDS infections. The predominant mode of HIV transmission is through heterosexual contact, which accounts for over 90 percent of new AIDS cases in Tanzania, followed in magnitude by prenatal transmission, whereby the mother passes the HIV virus to the child during pregnancy or at the time of birth or through breastfeeding (NACP, 2004). Other modes of transmission can be through infected blood, blood products, donated organs or bone grafts and tissues.

The country is still experiencing existence of (STIs and increase of new HIV infections. For example syphilis prevalence was 7.3% as compared to 8.7% of HIV in the same year. The existence of STIs gave clue to unprotected sex (NACP, 2005:9). The report goes on estimating that by 2010, HIV prevalence in rural areas will be as twice as that of urban areas. This supports the proposition that Tanzanian fishermen are estimated to be five times more likely to die of AIDS-related illnesses than farmers (Ainsworth & Semai, 2000). This assumes that most of the fishing sites are surrounded by growing small townships in the rural settings. Unfortunately, the recent National AIDS Commission Programme report (2005) has not given its attention onto the future initiatives for fishing communities, though it anticipates high HIV prevalence in future in fishing communities and rural communities at large.

2.8 Initiatives to Combat HIV in Tanzania

Tanzania has been in a struggle to fight against HIV for more than two decades now. Records show that the effort has been focusing on few villages along highways, urban and semi urban areas, other targeted population has been; CSWs, hotel workers and barmaids (Mnyika et al, 1995, Kapiga and Lugalla, 1992). Condom use has been one of the main means of HIV/AIDS prevention, main distributors of condoms have been the government through
public health units and through private, social market has been taking the lead. In Tanzania social marketing has been in place since 1989. Condom distribution under social marketing in Tanzania has not covered the whole country (Eloundou-Enyengue et al., 2005). However, there is no available information on either the government, NGOs, Community Based organization (CBOs) or Religious Based Organization being seriously involved on taking HIV/AIDS or STIs interventions in fishing communities, despite the recent report showing that HIV/AIDS prevalence in fishing communities is high in Tanzania (Thaxton, 2005; Allison and Seeley, 2004).

2.8 Gaps Identified and Conclusion

Most of the sited HIV/AIDS studies that have been carried out in Tanzania on HIV/AIDS did not focus on condom use as HIV/AIDS prevention mechanism among the fishing communities (Kapiga and Lugalla, 2002; Mnyika et al. 1995; Thaxton, 2005; Tanzarn and Sambrook 2005; Karukuza and Bob, 2005; Allison and Seeley, 2004).

Moreover, the socio-cultural and contexts in which fishermen are found are quite different from the areas where most of the cited studies were carried out (Kapiga and Lugalla, 2002; Mnyika et al. 1995). Thus, to understand socio-cultural factors and challenges to condom use among the fishing communities in Tanzania, one needs to understand condom use influencing socio-cultural factors as subjectively and objectively perceived from members of fishing communities themselves. This is thought to be important because people behave differently in different contexts, and factors influencing condom use in non fishing communities or different contexts in Tanzania do not necessarily reflect socio-cultural factors and challenges to condom use among the fishing communities in Tanzania.

Given the above socio-cultural and geographical gaps, this study was aimed at fill the contextual gap that exists and come up with insights that will help to suggest alternatives that
are contextually focused in planning for HIV/ AIDS interventions, particularly for the promotion of condom use among the fishing communities Tanzania.
CHAPTER THREE

METHODOLOGY

3.0. Introduction

This section gives the description on how the study was conducted. It presents the research design, the methods employed in the study, the selection of sample size and sampling procedures, data analysis, presentation and how ethical considerations were upheld.

3.1. Research Design

The study used a cross sectional design; according to Bryman (2001), a cross sectional study design involves gathering data from a specified population once at a given point of time. This approach was sought because of the following advantages; it gives time to observe what a researcher wants to see, it is cost and time effective. Nevertheless, it has some disadvantages. For example, in case of some missing information, it is not easy to go back and get the same respondents in Focus Group Discussions (FGDs) and in-depth interviews.

This study gathered information from Lukuba Island from mid June to October 2007. Both qualitative and quantitative methods of investigation were employed in the study.
3.2 Research Methods

3.2.1 Qualitative Methods

This study used a variety of qualitative techniques of investigation depending on the nature of data being sought. Qualitative methods were mainly used to gather information on the meanings, interpretations and values attached to the use of condoms. This information is highly subjective that’s why, it was better to investigate this kind of information using qualitative methods.

3.2.1.1 Focus Group Discussions

Under this technique, six (6) focus group discussions (FGDs) were held with permanent residents, business community members and fishermen (both males and females). Respondents for these FGDs were homogenous and they were purposively selected.

As an outsider, the researcher could not identify the participants in terms of their occupation and nature of residence [migrants or permanent residents]. In identifying and forming the FGDs, the researcher involved a local leader (Village Executive Officer (VEO)). This was after explaining to him what the study was all about and discussing the criterion for identifying and inviting respondents for discussion. The criterion given was; For the community members- to get people [male or female] who have been on the Island for not less than three (3) consecutive months, aged between 15 and above years, who are mentally fit and can freely discuss issues related to HIV and condom use in Swahili or Jita, since the researcher was fluent in both languages.

The discussion with the community member was held in one of rooms in VEO’s office; the room was big enough to accommodate more that 10 people, with enough light and air ventilation.
The criterion for getting FGD members from the fishing community members was as follows; to get males and females from fishing communities who have been on the Island for not less than two (2) months, residing in the fishing camps not in the village, persons to be involved included; cooks, barmaids, fishermen, boat mechanics, fishmongers, fish net repairs, transporters, casual laborers or any person working in fishing and marketing industry on the Island. Business community members were also involved depending on the locations of their business.

The discussion group distributions were as follows; Three (3) FGDs comprised fishing community members, one (1) comprised the business community, and the other two (2) involved permanent residents. In both FGDs, selected members were well acquainted with the social life on the Island and were knowledgeable about HIV/AIDS. Participants in the FGDs were similar in terms of socio-economic and demographic variables, this was made so in order to enhance free and open interaction among themselves during discussions; each FGD comprised between 8-12 participants of the same sex [males or females]. The discussions lasted for an average of (1) one hour.

The FGDs were guided by the focused study themes such as; awareness and knowledge on HIV/AIDS and STIs, prevalence of HIV/STIs, availability, affordability and accessibility to condoms, circumstances and factors which influence condom use or non use of condoms, willingness to HIV test, prediction of future sexual behavioral change towards protected sex.

In conducting the FGDs, the researcher facilitated the discussions with the assistance of (2) two note takers, (1) one recorder and (1) one observer whose role was to communicate to the note takers and the facilitator about the totality state of the
discussion. For example when the facilitator was too fast to the extent that note takers could not catch up with his facilitator's speed, the observer could show a sign so that the facilitator reduces his speed or when some FGD members looked bored or sleepy, the observer signified to the facilitator to introduce an energizer to make FGD members actively participate all the time during the discussions. The duty of the recorder was to ensure that the discussions are well taped in radio cassettes, such that the note takers could compare notes with the recorded discussion during transcriptions.

3.3.1.2 Key Informant Interviews (KII)

Key informant interviews were also used to gather information on meanings, interpretations and values attached to the use of condoms. In doing this, five (5) key informants were involved in the study. These included the condom sellers/distributors, VEO, village clinical officer, two (2) chemist dealers and the District HIV/AIDS coordination programme Officer. These key Informants were involved in the study because of their knowledge and stake in the struggle to combat HIV/AIDS. This technique sought to be relevant in gathering information on the challenges encountered in promoting condom use in fishing communities.

3.3.1.3 Observation

The researcher also used observation technique in order to supplement information collected from FGDs and KII; Observation was done from the lodges, drugs and retail shops especially on condom availability and purchasing behaviors by community members. The researcher used the information gathered from FGDs and KII to offer descriptive, explanatory and predictive information on factors and challenges influencing use and non-condom use. Table 1 and 2 below summarizes the compositions of KII and FGD participants.
Table 1: Composition of Focus Group Respondents

<table>
<thead>
<tr>
<th>Code</th>
<th>Classification of the Respondent</th>
<th>Number of participants</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>FGD1</td>
<td>Fishing Community members [Fish Mongers]</td>
<td>6</td>
<td>Females</td>
</tr>
<tr>
<td>FGD 2</td>
<td>Fishing Community Members</td>
<td>11</td>
<td>Males</td>
</tr>
<tr>
<td>FGD 3</td>
<td>Fishing community members [Barmaid]</td>
<td>10</td>
<td>Females</td>
</tr>
<tr>
<td>FGD 4</td>
<td>Business Community</td>
<td>12</td>
<td>Males</td>
</tr>
<tr>
<td>FGD 5</td>
<td>Permanent residents</td>
<td>12</td>
<td>Males</td>
</tr>
<tr>
<td>FGD 6</td>
<td>Permanent residents</td>
<td>12</td>
<td>Females</td>
</tr>
</tbody>
</table>

Table 2: Composition of Key Informants

<table>
<thead>
<tr>
<th>Code</th>
<th>Classification of the Respondent</th>
<th>Number of participants</th>
<th>Sex</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>KII 1</td>
<td>District HIV/AIDS Programme Coordinator</td>
<td>1</td>
<td>Male</td>
<td>40</td>
</tr>
<tr>
<td>KII 2</td>
<td>Village Executive Officer</td>
<td>1</td>
<td>Male</td>
<td>43</td>
</tr>
<tr>
<td>KII 3</td>
<td>Clinical Officer [Village dispensary]</td>
<td>1</td>
<td>Male</td>
<td>41</td>
</tr>
<tr>
<td>KII 4</td>
<td>Private Health Care Provider [Drug shop attendants]</td>
<td>1</td>
<td>Female</td>
<td>33</td>
</tr>
<tr>
<td>KII5</td>
<td>Private Health Care Provider [Drug shop attendants]</td>
<td>1</td>
<td>Male</td>
<td>31</td>
</tr>
</tbody>
</table>
3.2.3. Quantitative Methods

Quantitative data was gathered using semi-structured survey questionnaires. This technique was basically used to gather information on objective social realities and demographic variables of respondents. These variables include: socio-cultural factors such as; values, norms and beliefs, as well as the demographic variables such as; Age, level of education, occupation, sex and religion. This information helped to support and validate information collected by qualitative research techniques.

3.4 Study Population

The study targeted population of two categories; the first category was condom users (fishing community; fishing crews, boat owners, fish mongers, women, youths, village elders, business community members and the heads of the households). These were targeted because they were the expected condoms users in the area who could provide rich information on perception on condom use, factors and challenges influencing the use and none use of condoms.

The second category was the secondary stakeholders in the use of condoms; these included: the Coordinator of District HIV/AIDS Programme, health care services providers in the research area, the Village Executive Officer and private health providers. This population category was targeted because of the technical information and the influence they hold in the community regarding the use of condoms for controlling HIV/AIDS.
3.5 Study Area

Location

This study was conducted on Lukuba Island in Musoma rural District- Mara region, Tanzania. Mara region is in the northern part of Tanzania. The region is bordering the Republic of Kenya in the North, Kagera Region to the West, Mwanza and Shinyanga regions to the South and Arusha to the East. It is also flanked by Lake Victoria on the Northern-West. Lukuba Island is 12 kilometers away from Musoma town in Mara region.

Population Settlements and Economic Activities

The Island is small in size, with a population of 1107 comprising 42.5% males and 63.5% females who are permanent migrant residents. This Island belongs to Etaro ward which is on the mainland. The indigenous dwellers in the area are Bakwaya. However, other ethnic groups were found on the Island which include; Jita, Kurya, S. The settlement patterns of this Island can be divided into three; Fishing camps or sites, small business centres and permanent residencies.

According to one key informant [the Village Executive Officer-VEO], during the low fishing season fishermen/women are estimated to reach 1000, with about 150 motor engines and manual boats. While during fishing peak season, fishermen are estimated to increase to more than 2000 with about 250 motor and manual boats, which means in all seasons, fishermen exceed the number of the permanent residents of the Island. Therefore at any moment of time, the population of the Island is not lower than 2000 people including both permanent residents and fishermen who are migrants. Only 10% of the fishermen at any season do own boats, the remaining 90% are employed by the fishing gear owners. The little money employees get is used to support their families mainly at their homes on the mainland. This is because majority of these fishermen come from the mainland. Thus, fishing is regarded as the
main economic activity on the Island while agriculture is done on a very small scale, only for subsistence purposes (VEO, 2007)

Lukuba Island was selected purposely because of its features; 98 per cent of its men earn a living from the fishing sector, more than 70 per cent of its population is migrant laborers and less than 30 per cent of its dwellers are natives of the island especially during high peak of fishing season. This Island is one of the famous fishing sites, boat landing sites and fish marketing sites for Musoma town fish pack factories (RAS-Mara region, 2007).

**Figure 2: Musoma Rural District Map**
3.6 Sample Size

In determining the sample size the researcher used the estimated percentage of condom use for sexually active population in Tanzania which is 10 per cent, and then applied a formula below to determine the sample size.

*Sample size =pqZ2 / E2.

P= is value of estimated population using condom.
q= is derived by P subtracting from 100%
Z= level of confidence from the error (which is 95% in this case),
E=maximum deviation from true proportion that can be tolerated in the study

(* Sarantakos, 1997:159)

Sample size = 10*90*1.962/52
= 900* 3.841/25
= 3456*9/25

The samples size of 138 people from Lukuba Island was expected to be met.

3.7 Selection Procedure for Respondents for the Structured Survey.

A list of all hamlets constituting Lukuba Island was obtained from the VEO’s office. In total the Island has (3) three hamlets, popularly known as Vitongoji. Luckily enough, the village government had listed the names of all Lukuba dwellers for the purpose of collecting funds from the Island dwellers for a public dispensary construction. Furthermore, the register had separated the fishing community from the permanent residents. This made the work of the researcher simpler, it helped him to select the respondents, where by males and females were listed separately from these two communities. Thereafter, systematic random sampling was done from the lists, whereby for every two (2) people selected, next person was skipped.

Respondents were aged between 15 to above 50 years, in total, 84(70 males and 14 females) from fishing community members were selected, whereas 20 people (10 males, 10 females)
were selected among the fish mongers and (20) twenty heads of households (10 females and 10 females). Here wives and single female parents were considered as households’ heads too. The distribution of the number of respondents was purposively done, because the research intended to gather information among the fishermen majority of whom are men. That is why men were more than women.

3.8 Study Procedure

Before entering the study area, the research team got a letter of introduction from the Department of Sociology Makerere University, which introduced the researcher to the Mara Regional Administrative Secretary (RAS). RAS wrote a letter introducing the team to the responsible heads of section in Musoma district and the local reader in the research area- Lukuba island.

3.9 Data Analysis and Presentation

Data was analyzed both manually and using computer aided Programme. Qualitative data analysis was done manually using content themes, while quantitative data was analyzed using the Statistical Package for Social Sciences (SPSS). Quantitative data was coded and entered into the SPSS computer package for analysis. The analysis of quantitative data included; running descriptive statistics, cross tabulation and the analysis of the statistical relationships between various independent variables in the study. The study employed Chi-square to test the significance for the comparison of empirical frequencies for nominal values.
3.10 Ethical Considerations

The research sought respondents’ consent before involving them in the research. This included briefing the respondents about the research objectives and roles of the respondents and how they were going to benefit from the research. Researchers also assured the respondents about the degree of confidentiality in the information that was gathered from them.

Studying about condom use where sexuality issues are sensitive was embarrassing among the community members [men and women] who live with their families and relatives as compared to fishing communities who had no family ties on the Island. This being the case, the researcher had to conduct interviews, FGDs and in-depth interviews involving single sex separately from the other. This means females or males alone and the ages of the participants were considered.

Additionally, respondents were asked for permission before the researcher used instruments such as camera and tape recorder, during the discussion and survey interview. Recorded information, photos and narrations from respondents were used only for the purpose of this study. Thereafter, they were destroyed after finalizing writing the research report.

In case any respondent felt uneasy and wanted to withdraw from the research, the researcher granted him/her that chance to withdraw and was replaced by another person.

3.11 Limitations of the Study

This study was supposed to be conducted in Burungu beach shores, about 100 kilometers from Musoma town. But unfortunately the rain disconnected Musoma town and Burungu beaches. As a result, no public means of transport could connect from Musoma town to Burungu beach. This resulted in replacing Burungu with Lukuba Island which has similar
features like that of Burungu fishing beach. However this did not affect the data collected as far as the study is concerned.

There was a problem of locating some of the sampled respondents especially fishermen who had gone to fish in deep Lake. This meant waiting for their return, in most cases the researcher had to give them time to finish their works, this consumed a lot of time for data collection, yet it did not affect the findings gathered.

Sexuality is a sensitive issue in Mara region, and condom use is associated with sexuality, many women tended to shy away from the discussion. As a result, few women were cooperative in this study which led to a limited number of female respondents. Nevertheless, more men were added to fill in the vacancy. Therefore the information gap was covered and men being the majority did not affect the information gathered.

However, some of the respondents who accepted to be interviewed by the survey questionnaires did not feel free to respond to some questions. In handling this, those questions were asked in either the FGDs or to KIIss, where there were not resisted, for this reason the information needed was gathered.
CHAPTER FOUR

PRESENTATION AND DISCUSSION OF THE FINDINGS

4.0 Introduction

This chapter presents findings and discussion of the study. Basically, the findings and discussion will assess the knowledge level and perceptions of HIV/STIs in terms of its prevalence, availability of condoms, factors of choice and preference and socio cultural factors and challenges influencing condom use. Results presentation will go hand in hand with the discussion. Where possible the discussion will compare results with previous studies done on male condom use in Tanzania and elsewhere in the world.

These results are based on; structured interviews with a random sample of 131 (84 from fishing communities and 47 from non fishing communities). As it has been shown in the limitation of the study, the community members were shying away from being involved in the study. This led the researcher to meet only 131 respondents instead of 138 expected respondents. The study found high prevalence of HIV/AIDS among fishermen as influenced by non-condom use.

The study was informed by the ecological model and the social learning theories. The ecological theory looks at the spread of HIV/AIDS as an interaction between hosts [Individuals], agent[HIV] and the [social environment] which may include among others; culture, belief systems, lifestyle, myth, knowledge, attitude, presence of commercial sex workers, willingness and ability to buy them, and personal behavior Social ecology is the study of people in an environment and the influences on one another (Hawley, 1950). This model allows for the integration (Oetzel, Ting-Toomey, & Rinderle, 2006) of multiple levels
and contexts to establish the big picture in conflict communication. Research that focuses on any one level underestimates the effects of other contexts (Klein et al., 1999; Rousseau & House, 1994; Stokols, 1996). Condom use is taken as device which can obstruct the interaction between the host [Individuals] and the agent [HIV] hence reduce the infection rate on HIV/AIDS. In order for condom use to be effective and helpful devise for changing the susceptible behaviors and social environment responsible for the spread of HIV/AIDS and STIs, effective condom use needs to be positively altered through communication for behavioral change. This might influence effective condom use among people in areas where HIV/STI is prevailing. It is from this insight where the social learning theory comes in as an important tool for understanding and designing community based interventions in HIV prevention.

This is to say, socio-cultural factors and challenges to condom use among fishing communities are assessed against this ecological health model of understanding disease and illness, whereas the expected changes from vulnerable behaviors of HIV towards the effective condom use is assessed by the social learning theory. Therefore, the ecological health model and social leaning theory are focal theories in the investigation on the socio-cultural factors and challenges on condom use among the fishing communities as will be seen in the proceeding themes and sub themes.

4.1 Characteristics of the Study Respondents

A description of the basic characteristics of the respondents interviewed in the survey provides the background for interpreting findings on socio-cultural factors and challenges on condom use among fishing communities.

The age distribution was fairly similar between the respondents from the fishing camps and the indigenous people of the Island. Their age ranged from 15 to 70 years, for both the indigenous and the migrants in fishing communities respondents aged between 15-20 years.
were less than 10%, though respondents from the fishing communities were slightly higher by 2.8% than that of permanent residents. On the other hand, respondents aged 21 to 40 years dominated by 91% in both permanent residents and in the fishing communities, whereas people aged above 50 year were very few, about 1.2% of fishing community members and 4.3% among the permanent residents (see tables 3 & 4 for details). The difference observed on age distribution between males and females is not statistically significant.

Table 3: Age distribution among Fishermen and Women

<table>
<thead>
<tr>
<th>Age distribution</th>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>females</td>
</tr>
<tr>
<td>15-20</td>
<td>5(7.1%)</td>
<td>1(7.7%)</td>
</tr>
<tr>
<td>21-30</td>
<td>33(47.1%)</td>
<td>5(35.7%)</td>
</tr>
<tr>
<td>31-40</td>
<td>23(32.9%)</td>
<td>6(42.9%)</td>
</tr>
<tr>
<td>41-50</td>
<td>8(11.4%)</td>
<td>2(14.3%)</td>
</tr>
<tr>
<td>&gt;50</td>
<td>1(1.4%)</td>
<td>0(0%)</td>
</tr>
<tr>
<td>Total</td>
<td>70(100%)</td>
<td>14(100%)</td>
</tr>
</tbody>
</table>

P value 0.917
Table 4: Age Distribution among the Community Members [Non Fishermen/Women]

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>15-20</td>
<td>7 (5%)</td>
<td>1 (3.7%)</td>
</tr>
<tr>
<td>21-30</td>
<td>9 (45 %)</td>
<td>15 (55.6%)</td>
</tr>
<tr>
<td>31-40</td>
<td>7 (35%)</td>
<td>8 (29.6%)</td>
</tr>
<tr>
<td>41-50</td>
<td>2 (10%)</td>
<td>2 (7.4 %)</td>
</tr>
<tr>
<td>&gt;50</td>
<td>1 ( 5%)</td>
<td>1 (3.7 %)</td>
</tr>
<tr>
<td>Total</td>
<td>20 (100%)</td>
<td>27 (100%)</td>
</tr>
</tbody>
</table>

(P value 0.970)

4.2.1 Level of Education

Primary education level dominated as the highest education level acquired by dwellers on the Island. 90.5% of the interviewed fishing community members attained primary education level, which is slightly low as compared to their counterparts (permanent residents which is 93.8%). Whereas, in terms of secondary education; fishing community members have acquired slightly higher number of secondary school leavers than permanent residents of the island; as seen in table 4&5. Nevertheless, the differences observed on levels of education attained between fishing and non fishing communities are not statistically significant.
Table 5: Level of Education among Fishermen/Women

<table>
<thead>
<tr>
<th>Level of education</th>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Primary</td>
<td>63 (90%)</td>
<td>13(92.9%)</td>
</tr>
<tr>
<td>Secondary</td>
<td>5 (7.1%)</td>
<td>1 (7.1 %)</td>
</tr>
<tr>
<td>Institute/ college</td>
<td>1 (1.4 %)</td>
<td>0 (0 %)</td>
</tr>
<tr>
<td>No formal education</td>
<td>1(1.4 %)</td>
<td>0(0%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>70 (100%)</strong></td>
<td><strong>14 (100%)</strong></td>
</tr>
</tbody>
</table>

(P-value 0.938)

Table 6: Level of Education among the Non Fishing Community [permanent] Members

<table>
<thead>
<tr>
<th>Education</th>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Primary</td>
<td>18 (90%)</td>
<td>27(96.4 %)</td>
</tr>
<tr>
<td>Secondary</td>
<td>1 (5%)</td>
<td>1 (3.6 %)</td>
</tr>
<tr>
<td>Institute</td>
<td>1 (5%)</td>
<td>0 (0)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20 (100%)</strong></td>
<td><strong>28(100%)</strong></td>
</tr>
</tbody>
</table>

(P Value of 0.470)
4.2.2 Marital Status

It was found that 71.4% of the respondents from the fishing community were married. The percentage of married men was higher by 25.7% as compared to female population. This difference observed is statistically significant with a p value of 0.002. Whereas, in non-fishing communities married males was 54.2% this difference is not statistically significant. Nevertheless, cohabiting was commonly appearing among the non fishing community members, especially among females, as seen in table 8. It was also found that 25 % of the fishermen did not stay with their spouses. This situation refers to marital status back home not on the Island.

Nevertheless, in total 85.7 %, males being 59 and 13 females were not staying with their spouses on the Island. When this situation was subjected to sex, 92% of females were not staying with their spouses, whereas among males were 84.2 %. The difference observed is not statistically significant with a P value of 0.403.

Table 7: Marital Status for Fishermen /Women

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Married</td>
<td>53 (75.7%)</td>
<td>7 (50%)</td>
</tr>
<tr>
<td>Divorced</td>
<td>1 (1.4%)</td>
<td>2 (14.3%)</td>
</tr>
<tr>
<td>Separated</td>
<td>1 (1.4%)</td>
<td>2 (14.3%)</td>
</tr>
<tr>
<td>Widowed</td>
<td>0 (0%)</td>
<td>1 (7.1%)</td>
</tr>
<tr>
<td>Single</td>
<td>15 (21.4%)</td>
<td>2 (14.3%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>70 (100 %)</td>
<td>14 (100%)</td>
</tr>
</tbody>
</table>

(P value 0.002)
Table 8: Marital status of non fishing community members (P Value of 0.246)

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Sex</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>12 (60%)</td>
<td>14 (50%)</td>
<td>26 (54.2%)</td>
</tr>
<tr>
<td>Divorced</td>
<td>1 (5%)</td>
<td>2 (7.1%)</td>
<td>3 (6.3%)</td>
</tr>
<tr>
<td>Separated</td>
<td>0 (0%)</td>
<td>1 (3.6%)</td>
<td>1 (2.1%)</td>
</tr>
<tr>
<td>Widowed</td>
<td>0 (0%)</td>
<td>4 (14.3%)</td>
<td>4 (8.3%)</td>
</tr>
<tr>
<td>Cohabiting</td>
<td>0 (0%)</td>
<td>2 (7.1%)</td>
<td>2 (4.2%)</td>
</tr>
<tr>
<td>Single</td>
<td>7 (35%)</td>
<td>5 (17.9%)</td>
<td>12 (25%)</td>
</tr>
<tr>
<td>Total</td>
<td>20 (100%)</td>
<td>28 (100%)</td>
<td>48 (100%)</td>
</tr>
</tbody>
</table>
4.2.3 Occupation

The main economic activities on the Island are fishing and petty business. Tables 9 & 10 below give an overview on the activities undertaken by the dwellers on the Island.

Table 9: Occupations Distribution among Fishermen/Women

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Fishermen</td>
<td>63 (90%)</td>
<td>4 (28.6%)</td>
</tr>
<tr>
<td>Fishmongers</td>
<td>3(4.3%)</td>
<td>1 (7.1%)</td>
</tr>
<tr>
<td>Petty business</td>
<td>1 (1.4%)</td>
<td>1 (7.1%)</td>
</tr>
<tr>
<td>Transport</td>
<td>2 (2.9 %)</td>
<td>2 (14.3%)</td>
</tr>
<tr>
<td>Cooks</td>
<td>0 (0%)</td>
<td>4 (286%)</td>
</tr>
<tr>
<td>Small scale business</td>
<td>1(1.4 %)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>House wife</td>
<td>0 (0%)</td>
<td>2 (14.3%)</td>
</tr>
<tr>
<td>Total</td>
<td>70 (100%)</td>
<td>14 (100%)</td>
</tr>
</tbody>
</table>

P Value 0.001

Table 8 above shows that fishing is the dominant economic activity among the fishermen/women in which 79.8% were involved. This difference is statistically significant with a P value of 0.001. As the findings show, this activity is 94% dominated by men. When the researcher counterchecked occupation distribution from the non-fishing community members, it was found that no woman was involved in fishing. Whereas 28.6% were working as barmaids, 28.6% being housewives, and 25.0% were involved in fishmongering. When these findings were subjected to Chi squire test by occupation according to sex, it was found to be statistically significant with a P value of 0.001 as presented in table
10. In the sense that occupations like fishing and petty business were dominantly occupied by males whereas, selling liquor [barmaid] and fish mongering were dominated by females.
Table 10: Occupations Distribution among the Permanent Residents [Non Fishing Community Members]

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Casual laborers</td>
<td>2(10%)</td>
<td>(0%)</td>
</tr>
<tr>
<td>Fishermen</td>
<td>8 (40%)</td>
<td>0(0%)</td>
</tr>
<tr>
<td>Cook</td>
<td>0 (0%)</td>
<td>4(14.3%)</td>
</tr>
<tr>
<td>Boat mechanic</td>
<td>2(10%)</td>
<td>0(0%)</td>
</tr>
<tr>
<td>Businessmen/women</td>
<td>7(35%)</td>
<td>1(3.6%)</td>
</tr>
<tr>
<td>Bar maid/men</td>
<td>1 (5%)</td>
<td>8(28.6%)</td>
</tr>
<tr>
<td>House wives</td>
<td>0(0%)</td>
<td>8(28.6%)</td>
</tr>
<tr>
<td>Fish mongers</td>
<td>0(0%)</td>
<td>7(25%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20(100%)</strong></td>
<td><strong>28(100%)</strong></td>
</tr>
</tbody>
</table>

P value of 0.001
4.2.4 Income and Saving

Findings show that all interviewed respondents were able to earn an income mainly from fishing sector. However, 85.4% of the permanent residents earn less than Tshs 30,000/- per month as compared to their counterparts (fishing communities) of whom 52.4% earn less than 30,000/- per month. The income difference among the fishermen/women is slightly statistically significant with the P value of 0.73 as presented in table 9 because the percentage of women earning above 10,000/- is higher by 9.3% than that of men. However, percentage differences observed among the non fishing community members (permanent residents) as seen in table 12 were not statistically significant with a P value of 0.498

Table 11: Fishermen/Women Earnings per Month

<table>
<thead>
<tr>
<th>Earnings / month</th>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Female</td>
</tr>
<tr>
<td>&lt;30,000</td>
<td>33(47.1%)</td>
<td>10(83.3%)</td>
</tr>
<tr>
<td>Btn 31000-50,000</td>
<td>16 (22.9%)</td>
<td>0(0%)</td>
</tr>
<tr>
<td>Btn 51000-700,000</td>
<td>10(14.3%)</td>
<td>0(0%)</td>
</tr>
<tr>
<td>btn 91-120,00</td>
<td>6(8.6%)</td>
<td>2(16.7%)</td>
</tr>
<tr>
<td>&gt;120,000</td>
<td>5(7.1%)</td>
<td>0(0%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>70(100%)</td>
<td>12(100%)</td>
</tr>
</tbody>
</table>

*P value 0.73; one US dollar = 1200 Tshs*

With reference to the above table, 83.3% of women were earning less than 30,000/- per month as compared to their counterparts (males) who were 47%. The difference observed in gender and earning was slightly significant with the P value of 0.73. This is mainly because men are dominating fishing activities which is the leading economic activity on the Island.
Table 12: Non Fishing Community Members’ Earnings per Month

<table>
<thead>
<tr>
<th>Earnings per month</th>
<th>Sex</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Females</td>
<td></td>
</tr>
<tr>
<td>&lt;30,000</td>
<td>33(47.1%)</td>
<td>10(83.5%)</td>
<td>43(52.4%)</td>
</tr>
<tr>
<td>31,000-50,000</td>
<td>16(22.9%)</td>
<td>0(0%)</td>
<td>16(19.5%)</td>
</tr>
<tr>
<td>51,000-70,000</td>
<td>10(14.3%)</td>
<td>0(0%)</td>
<td>10(12.2%)</td>
</tr>
<tr>
<td>091,000-120,000</td>
<td>6(8.6%)</td>
<td>2(16.7%)</td>
<td>8(9.88%)</td>
</tr>
<tr>
<td>&gt;120,000</td>
<td>5(7.1%)</td>
<td>0(0%)</td>
<td>5(6.1%)</td>
</tr>
<tr>
<td>Total</td>
<td>70(100%)</td>
<td>42 (100%)</td>
<td>82(100%)</td>
</tr>
</tbody>
</table>

P Value 0.489

Table 12 shows that majority (85%) on the Island earned above 30,000/- Tshs per month. However, the difference observed on earning among the non fishing community members was not statistically significant with a P value of 0.489. Generally, findings show that majority of the Island dwellers have low income. This confirms to what appears in table 13 which shows that 63.4% of the fishermen/women were not able to save any amount of money at all in a month.
Table 13: Savings per month among fishermen/women

<table>
<thead>
<tr>
<th>Savings per month</th>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>&lt;110,000</td>
<td>13(18.6%)</td>
<td>1(8.3%)</td>
</tr>
<tr>
<td>Btn 20,000-50,000</td>
<td>9(12.9%)</td>
<td>1(8.3%)</td>
</tr>
<tr>
<td>Btn 510,000-80,000</td>
<td>3(4.3%)</td>
<td>0(0%)</td>
</tr>
<tr>
<td>81,000-110,000</td>
<td>1(1.4%)</td>
<td>1(8.3%)</td>
</tr>
<tr>
<td>&gt;110,000</td>
<td>1(1.4%)</td>
<td>0(0%)</td>
</tr>
<tr>
<td>Not at all</td>
<td>43(61.4%)</td>
<td>9(75%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>70 (100%)</strong></td>
<td><strong>12(100%)</strong></td>
</tr>
</tbody>
</table>

P Value 0.073

Table 14: Savings among permanent residents (non fishing community members)

<table>
<thead>
<tr>
<th>Savings per month</th>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>10,000 and above</td>
<td>12(60%)</td>
<td>17(60.7%)</td>
</tr>
<tr>
<td>Btn 20,000-50,000</td>
<td>3(15%)</td>
<td>1(3.6%)</td>
</tr>
<tr>
<td>Not all</td>
<td>5(25%)</td>
<td>10(35.7%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20(100%)</strong></td>
<td><strong>28(100%)</strong></td>
</tr>
</tbody>
</table>

P value 0.323

On the other hand, table 14 shows that 60.4% of the permanent community members managed to save above Tshs 10,000/- per month. When this finding was subjected to chi-square, the observed difference is not statistically significant with a P value of 0.323 between men and women. Whereas, in table 13 above, 63.4 % of the respondents from the fishing community were not able to save any money at all as compared to 31.3% permanent residents’.
Generally, fishing community members seemed to earn more than the community members as we can compare table 13 & 14. Differences observed in Table 14 have no statistical significance. Since those who are able to save above 10 thousand per month are very few. All in all women from fishing community and permanent residents earned little and saved little as compared to their male counterparts. As it was lamented in KII s, saving is a behavioral issue though earning contributes towards ability to save.

“...saving here is low because people are too extravagant they have a belief that fishing and other businesses here on land pays every day because people have to buy their daily needs...so people here lack entrepreneurship skills...” lamented One businessman on the Island.

“....since time in memorial, women have not been directly engaged in fishing, which is the main economic activity on this Island. This being the case, women are pushed away from the main source of income that is why they are poor. Their poverty state is influenced by the socio-political economy...” said one of the businessmen.

Another KII respondent commented that people spend their money unwisely;

“...men here spend thousands and thousands on alcohol and sex...thinking that tomorrow/ future will take care of itself ....” another businessman lamented.
However, low income among the fishing community was associated with arrangement on wage payment. According to KII from the fishing community, majority of the fishermen have no fixed wages, their payments depend on the amount of fish netted in a day;

“…large scale investors in fishing sector are exploiters, this is so because very few fishermen and women are on a fixed monthly payment, majority are paid on daily basis depending on the share of the netted fish on that day....some days very few fish are netted or none at all, in case of few or no fish, no wages are paid.....”

The above narrations illustrate how the earnings and savings among employed fishermen are influenced by wages and salaries or amount of fish netted.

As it was elaborated by one fisherman in FGD 2 under characteristics of the study under marital status section that low income was another factor which caused fishermen to leave their wives home. The narrations below elaborate;

“...it is costly to stay with a family in the fishing camps. Every thing has to be bought, unlike in our villages where we get food from the gardens. Yet there are no economic activities that can be undertaken by our wives. ....living at home is cost effective...... then we just send to them little money we get so as they can meet other important needs apart from food such as; clothing and medication...” Commented a fisherman in male FGD2

This strategy has some sense towards survival mechanisms and this is why fishermen are not moving with their wives in fishing camps or sites. Yet, it is used again as a scapegoat by fishermen to have freedom of establishing new sexual partners while away from their wives,
which is expensive and it subjects them to HIV/STIs vulnerability in case of unsafe sex, since
the study findings have shown that condom use is very low among the Island dwellers.
Hence, chances of fishermen getting HIV/STI and taking them to their wives are high.

In connection to why fishermen do not move with their spouses, poor shelter was identified
as another reason. The photo below shows some of shelters for fishing families which have
stayed on the Island for more than 2 years. The researcher was anxious to know why these
fishermen stay in such poorly built huts. The following was explained;

“....there are so many reasons as to why we are living in such small non permanent
huts.Let me mention few, my colleagues shall add on. One is the fact that our nature of work
compels us to work day and night, so sometimes we do not sleep during nights. “.....Also we
do shift frequently, this month we may be here, next month in other place, sometimes we
may shift more than three times a month..” said male participants in FGD2
Figure 5 One of the Permanent Residents at Senge’nge Hamlet on the Island
Figure 6: Camp for Migrant Fishermen
Table 15: Couples staying together on the Island

<table>
<thead>
<tr>
<th>Sex</th>
<th>Do you stay with your spouse here in Island?</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (%)</td>
<td>No (%)</td>
</tr>
<tr>
<td>Male</td>
<td>11(13.1%)</td>
<td>59(70.2%)</td>
</tr>
<tr>
<td>Female</td>
<td>1(1.2%)</td>
<td>13(15.5%)</td>
</tr>
<tr>
<td>Total</td>
<td>12(14.3%)</td>
<td>72(85.7%)</td>
</tr>
</tbody>
</table>

P Value 0.403

The above table shows that 85.7% of the interviewees were not staying with their spouses on the Island. The difference observed was no statistically significant. When asked whether they had established sexual relations with other people apart from their spouses, in total 85.1% (63/84) respondents said to have ever had sexual relations by the time when they were away from their spouses. When this was subjected to sex (between males and females), it was found that 85.2% (53/61) were males and 84.6% (11/13) were females. The difference observed statistically insignificant since it is very small (0.6%).

4.2.5 Social Services

The Island is disadvantaged in terms of social services such as poor water and sanitation facilities. For example, dwellers rarely use toilets, and in most cases human waste is disposed off in the lake from bushes especially during the rainy season. This endangers people’s lives because the Lake is the only water source available for domestic use.

In terms of education services, the Island has only one primary school with 310 pupils. However, the Island lacks public health facility. During the survey the researcher found out that the village public dispensary was in its final construction stages. However, the village
government had permitted the village health clinical officer to use its office building to offer medical services, which falls short of standards that the dispensary needs to have such as number of rooms, privacy, medical examination bed, drugs and basic medical equipments. Nevertheless, this building was used temporarily. Only anti-malaria drugs are found in this government health facility. Reliable health services to this population was from drug shops which are managed by unqualified health personnel. In case of complicated cases, medical help has to be sought from Musoma town, a distance of 12 kilometers- about two hours journey on water.

More specifically to this Island, is that its population is bigger than all the available social services and as a result prices for commodities are higher than neighboring areas, which makes life more difficult to the majority of the people. In total, two low grade lodging were found all comprising 18 rooms

Figure 3: A Building currently used as a Dispensary
4.3 Knowledge and Awareness on Presence of HIV/AIDS

Both fishing and community members [natives] on the Island are highly aware of the fact that
the Island is in danger of HIV/ AIDS and STIs infection. Respondents were asked if the
Island is in danger of HIV/AIDS. Among the community members [non fishing community],
91.7% of interviewees stated that the Island is in danger of HIV/AIDS and STIs as compared
to 6.3% interviewees who argued that the Island is not at the threat of HIV infections.
Findings further showed that women were slightly more knowledgeable than men with 92.9
% and 90 % respectively. However, the difference observed between fishing and non fishing
communities is not statistically significant with the P value of 0.473. Whereas from the
fishing community 95.2 % said the Island is in HIV danger, 2.4 % said it is not under threat
of HIV/AIDS and 2.4 % said they don’t know whether Lukuba Island is infected or not.
Similarly, participants in FGDs were asked the same question and they had the following to
say;

“It is obvious that we have fellows who are HIV positive among us, but since we can
not use our eyes to identify them, it is not easy to tell who is HIV positive and who is
negative. Reported a young lady aged 23 from FGD1).

“Yes! I know some friends of mine whom we used to work together but they passed
away and others are seriously suffering from HIV/AIDS while others look
healthy...actually the situation has not calmed as far as HIV/AIDS is concerned” Said
a fisherman 32 aged from FD2
“....My dear we are in danger! We have buried a good number of people who died from HIV/AIDS. Some were inhabitants while others were migrants. Some of these people had a number of sexual partners, yet no one is sure whether these people had protected sex with female natives and prostitutes who lived and worked here on the Island. Bad enough some of these prostitutes are still with us carrying on the business. Funny enough men still get services from them. ...” Said a native male respondent from FGD2.

“...Five (5) of my fellow fishmongers; four (4) males and one (1) female died from HIV/AIDS. They all had sexual partners on this Island, though they were all from Musoma town. One of the male sexual partners to a female fishmonger is currently very sick; he has all symptoms of HIV/AIDS. Unfortunately the man has slept with so many women around here because he was very rich. Yet he is married to two women in mainland ...” said a female fish monger.

The narrations above show that Lukuba Island people are knowledgeable and aware of HIV/AIDS. Nevertheless, some people still practice irresponsible sexual practices.

Generally, this study found that in Lukuba Island people were aware of the presence of HIV/AIDS. This finding is not unique to Lukuba Island,. Karukuza and Bob(2005) in their study in in Lake Kyoga found similar.
4.4 Intervention on HIV/AIDS and STIs on the Island

Participants were asked about the previous HIV/AIDS and STIs interventions that have taken place on the Island. The researcher found out that mainly few seminars and workshops have been carried out. One of the elder key informant had the following to say:

“…We rarely get health workers who come to educate the community on HIV/AIDS related issues. Usually those who come do conduct workshops or seminars for not more than 2 days. Sometimes it is just an activity for few hours in a single day and they go back....” said on elderly KII.

“...the problems with seminars/ workshops are that, they are conducted at the center of the village, while these fishermen are living along the lake shores. Workshops are conducted during the work peak hours [morning to around 2p.m] during these hours; few fishermen may attend, others might be busy with their work......moreover, they are scattered on Lake shores”. Said another KII.

“....again these seminars/workshops are poorly conducted and boring. They conduct them as if they teach pupils. Facilitators have poor presentation skills........ The use of audio visuals such as cinema or video could attract audience attention rather than doing it as formal training and workshops which are too boring! “A laughter from the group, signifying a support   Lamented one of the fisherman in male FGD.

According to field findings, interventions which have been done so far are irregular and the approach used has not been exciting the community, exciting in the sense that the targeted population can see, feel and get concerned about intervention matter [Campaign against
HIV/STIs]. Reading from the respondents’ narrations properly, it seems the interventions have not impacted on the community in terms of behavioral changes as far as National fight against HIV/AIDS is concerned since fishermen who are at high risk were not captured by the intervention. These explanations support the findings that fishing communities have been given little attention by HIV/AIDS supporting agencies in the Great Lakes Region of Africa (Tanzarn and Sambrook 2005)

4.4.1 Availability and Affordability of Condoms

Varieties of condoms were found on the Island. These condoms were sold in ordinary shops and drug shops. No free distributed condoms were found in either lodges, fishing camps or in entertainment place such as bars, video halls etc. The prices of these condoms ranged from 200 – 500 Tshs. Table16 below presents multiple responses on common condoms found on the Island.

Table 16: Common Condoms Available on the Island

<table>
<thead>
<tr>
<th>Type</th>
<th>Count Responses</th>
<th>%</th>
<th>Average Retail Price in Tshs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salama</td>
<td>68</td>
<td>46.6</td>
<td>200</td>
</tr>
<tr>
<td>Dume</td>
<td>31</td>
<td>21.2</td>
<td>200</td>
</tr>
<tr>
<td>Life guard</td>
<td>19</td>
<td>13.0</td>
<td>500</td>
</tr>
<tr>
<td>Salama Tatu Bomba</td>
<td>28</td>
<td>19.2</td>
<td>300</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>146</strong></td>
<td><strong>100</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Multiple responses were possible.
According to the table above, Salama condoms were found to be more available than other types of condoms, whereas, life guard condoms seemed not commonly found on the Island. This might be because of the Life guard price which cost 500 Tshs that is 250% higher than other condoms found on the Island, followed by Salama tatu bomba which cost 300 Tshs, about 150% higher than Salama and Dume condoms which cost 200 Tshs each.

Findings from the FGDs show that people are able to buy condoms as expressed below;

“…bearing in mind the awareness people have about HIV/AIDS infections here on the Island, spending 200 Tshs for buying a condom is not expensive….If people can afford to buy up to more than 5 bottles of beer [about 7,500/-Tshs] a day…..How can they fail to buy a condom at 200 Tshs…” a female respondent asked.

“….I can sell about 100 packets a week; I think people can afford to buy them. …...Though the use is another issue which I am not sure about, because we still receive patients infected with STIs…..” reported one of the sellers in a drug shop.

Although no free condoms were found to be distributed by the NGOs, CBOs including the government itself as device for fighting against HIV/AIDS on the Island, people are able to buy condoms which are sold in various outlets available on the Island. However, some signs of low or non-use of condom were reported. These included presence of STIs and unplanned pregnancies. Though unplanned pregnancies are not necessarily caused by non use of condoms, sometimes it might be a result of failure of opted family planning methods.
4.4.2 Choice and Preference of Condoms

It was found that choice and preference of condoms depended on a number of factors, table 17 below summarizes the factors.

Table 17: Combined Reasons for Condom Preference

<table>
<thead>
<tr>
<th>REASON FOR CONDOM PREFERENCE</th>
<th>Condom Type</th>
<th>It gives pleasure</th>
<th>Nice smell</th>
<th>It is strong</th>
<th>Go for whatever is available</th>
<th>Low cost</th>
<th>Total (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Sex</td>
<td>Sex</td>
<td>Sex</td>
<td>Sex</td>
<td>Sex</td>
<td>M</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>Salama Tatu Bomba (flavored)</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>8</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Salama (Non flavored)</td>
<td>4</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>8</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Life guard (Not flavored)</td>
<td>7</td>
<td>0</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dume</td>
<td>4</td>
<td>0</td>
<td>-</td>
<td>-</td>
<td>9</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total in each sex per reason</td>
<td>18</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>30</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Grand Total</td>
<td>20(23.2%)</td>
<td>3</td>
<td>36(42%)</td>
<td>23(26.7)</td>
<td>4 (5%)</td>
<td>86(100%)</td>
<td></td>
</tr>
</tbody>
</table>

*Multiple responses were possible*
When people have variety of commodities for consumption, choice is unavoidable. As table 17 above shows that the most preferred condom is Salama non-favored by 41.2% as compared to other condoms. Taking preference reasons on specific condoms, Strength [ability not to burst easily] was the leading reason. Referring to this reason, Dume condoms were highly preferred by 30.5% followed by salama tatu bomba (flavored) and salama unflavored by 27.7%, whereas life guard was the third by 13.8%. Differences observed in choosing condoms were not statistically significant, except for Lifeguard which has a P value of 0.002, where men seemed to have reasons for choosing it than females.

### 4.4.3 Reasons for Choosing Condoms

Reasons forwarded included; it gives pleasure which was responded to by 35% males, 0% females respondents and 41.7% argued that it is strong while none of the female respondents seemed to support this sentiment. Surprisingly, Lifeguard condoms were seen to be more expensive than other condoms.

Basing on all reasons forwarded for condom choice and preferences as shown in Table 17, still strength [ability to not burst] led by 41.8%, followed by 26.7% being those who go for just a condom [they do not have a particular choice, the pleasure giving is thirdly ranked reason by 23.2%, nice flavors of condoms was the least reason with 3.5% whereas low cost as reason for choice got only 4.7%. According to field findings, the Island has no problem with accessibility and ability to buy them. The problem is on attitudes and perceptions people have on condoms. Discussion on attitude and perception on condoms follow here under.

### 4.4.4 Attitudes and Perception on Flavored Condoms

In understanding people’s attitudes and perceptions on why nicely flavored condoms has not influenced their choice, the researcher employed qualitative techniques where FGDs were
used to get in-depth understanding on the factors hindering preference to nicely flavored condoms. The following are responses from the participants;

“Mmh! A vagina has its natural scent. Fortunately every woman’s vagina has a scent that differs slightly/or completely from others. These scents are treasured differently by men. Adding flavor via condoms sometimes can worsen the scent coming from Vagina. There is a saying that - many cooks spoil the soup ..........” Said a man in FGD 2.

“... Perfumed condoms can easily make someone to be noticed that he/she is from sexual intercourse. The condom aroma remains on the body for sometime if the person has not bathed. So this is not good...” Said one of the barmaids in a females’ FGD2.

“...I don’t enjoy sex with flavored condoms their smell is so awful to me ...” Said a businessman in FGD4 with permanent community members.

.....these perfumed condoms are recent developments in the market. What I am found of is Salama Tatu Bomba; they are very soft! Wearing it is as good as going live; however, the only problem is that they can easily burst. This has happened to me several times and I have heard many of my friends complaining about these condoms.

I believe not many men prefer them...” said 32 Aged respondents in FGD 3 for men.

The above narrations contradict with other researchers who recommend that flavored condoms have convinced some people in countries such as; Zambia, Tanzania, Malawi and Zimbabwe (Meekers et al 2005).
4.4.5 Complaints on Condom Use

Though findings reveal that condoms are available and used by dwellers of Lukuba Island, the research found some complaints said to lower condom use on the Island. Survey questionnaires, KIIs and FGDs techniques were used to gather information related to complaints on condom use. During the survey, the question “Do people complain about condom use?” was asked. Table 18 summaries responses on complaints on condoms as seen below.

Table 18: Do People Complain about Condoms?

<table>
<thead>
<tr>
<th>Response</th>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Yes</td>
<td>48(69.6%)</td>
<td>4(28.6%)</td>
</tr>
<tr>
<td>No</td>
<td>21(30.4%)</td>
<td>10(71.4%)</td>
</tr>
<tr>
<td>Total</td>
<td>69(100%)</td>
<td>14(100%)</td>
</tr>
</tbody>
</table>

\[\chi^2\text{-value} = 18.9; \text{P value} = 0.004\]

As shown in table 18 above, findings showed that 62.7 % of respondents complained about condom use. 69.6% of male respondents reported to have heard people complaining about condom use as compared to 28.6% of females who have never heard people complaining about condom use. The difference observed was statistically significant with a P value of 0.004 since males had more complaints than females. This supports the findings from Mnyika et al (1995) and Mafune(2005) in the study he conducted in Namibia, which reported that males have power to influence on either use or non of use of condoms.

Although reasons forwarded for complaints under the multiple response differed, at least all condoms available on the Island had at least one complaint.
Furthermore, findings showed that about 63% of respondents said condoms cause stomachaches, whereas, 26% said condoms can cause HIV/AIDS, 11.3% said condoms cause rashes in private parts and 8% claimed that condoms have a bad smell. However, only salama and salama tatu bomba was claimed to have a bad smell to users. These findings were from the multiple responses; as a result, it was not easy to subject the findings to Chi square test.

However, females were able to give their views on Salama condom only, this implied that women were not knowledgeable with other types of condoms; this might be due to the fact that salama condoms were the most available condoms on the Island, and more likely commonly used on the Island as narrated here below by participants in the FGDs;

“... to the best of my knowledge very few women can dare to go and buy condoms unless she is a prostitute....that might be the reason as to why most women don’t know about a variety of condoms and their test/ flavor...supporting sound on this sentiment come from the group.” Said one of the female participants from the fishing community.

When the researcher cross checked the above information with the drug seller in shop 1, the following were said.

*I do not recall a woman to buy condom from my shop for the last three months. Mainly I sell to men and more particularly to youths.*
According to the researcher’s observations, salama condoms were the most available and cheapest condoms found on the Island’s general commodities and drug shops. This could be another reason as to why women on the Island only knew Salama condom.

On the other hand, condom use information, education and communication materials for salama condoms were found in only few shops; most of them were old and faded too, while other shops did not have any condom use IECs at all.

4.4.6 Misconception Regarding Condoms

On the other hand, it seems some people fear to use condoms because of misconceptions regarding condom use. Examples are expressed here below;

“…..I have never used a condom and I don’t think there will be a time that I will use it……I have heard a lot about negative things associated with condom use…..for example, bad smell, they burst, they may cause HIV/AIDS, they my get stuck in the Vagina, they reduce sensations….and so many…..” said one of the male participants aged 30 years.

“...by the way what has been commented is widely spread here on the Island.....I am worried this rumor might discourage people who have never used them. I can see the essence of having the IEC materials and regular HIV/AIDS and STI interventions to counteract the wrong information spread on the Island....” said Lukuba VEO.

The findings showed that despite the availability of condoms and high level of awareness that people have about HIV/AIDS on the Island, condom use is low. This is enlightened by peoples’ complaints, attitudes, perceptions and reasons for preference and choice as
explained by the respondents, which all together influence its use. Besides indications such as presence of STIs which signifies low or non-use of condoms among dwellers on Lukuba Island. This confirms what was found among the fishermen in Lake Kyoga, Uganda. Fishermen in this area practice unsafe sex, despite an awareness that condoms are the most available, simple and cheapest means of HIV/STIs prevention in the area (Karukuza and Bob, 2005). Similar findings on low condom use have been reported to the coast areas of Tanga, Tanzania (Thaxton, 2005). Below is the presentation on indicators signifying low condom use on the Island.

4.5 The Situation on Sexually Transmitted Infections (STIs)

Findings from the field show that STIs are the commonest diseases affecting Lukuba dwellers. The leading infections are syphilis, gonorrhea 76.2 % and 72.6 % respectively, whereas Gurunet was ranked third by 28.6 %; unfortunately, the medical name of this disease was not found but it causes inflammation of the riff nubs which is also one of the symptoms of gonorrhea. Surprisingly, HIV/AIDS was least ranked by 25.9 %, almost quarter of the respondents. This is because majority of the Lukuba dwellers do not know their HIV/ AIDS status. Table 19 below summarizes the findings given above.

Table 19: Leading STIs on the Island

<table>
<thead>
<tr>
<th>What are the leading STIs</th>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Female</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>54</td>
<td>10</td>
</tr>
<tr>
<td>Syphilis</td>
<td>52</td>
<td>9</td>
</tr>
<tr>
<td>Gurnet</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td>STIs/HIV</td>
<td>15</td>
<td>4</td>
</tr>
</tbody>
</table>

*Multiple Responses were Possible.*
After the existence of STIs being declared by the respondents as it appears on Table 19 above, the researcher went beyond into understanding whether STIs are still the most threatening diseases on the Island. The question “Have you ever suffered from any type of STI” was asked. Table 20 below presents peoples’ experiences with STIs.

Table 20: Respondents Ever Suffered From STIs

<table>
<thead>
<tr>
<th>Ever suffered from any STIs</th>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Yes</td>
<td>20(29.9%)</td>
<td>1(7.1%)</td>
</tr>
<tr>
<td>No</td>
<td>21(31.3%)</td>
<td>6(42.9%)</td>
</tr>
<tr>
<td>Hesitated to answer</td>
<td>26(38.8%)</td>
<td>7(50%)</td>
</tr>
<tr>
<td>Total</td>
<td>67(100%)</td>
<td>14(100%)</td>
</tr>
</tbody>
</table>

P value of 0.210

According to table 20 above, 25.9 % responded positively to the question “ever suffered from STIs?” whereas, 33.3% said they had never suffered from any STI. Surprisingly, 40.7 % of the participants hesitated to make their position clear. However, the difference observed between those who said yes had no statistical significance. Nevertheless, when the findings were subjected to sex basis, it was found that 95 % of those who declared to have ever suffered from STIs were male. This signifies how protected sex use is low among males in the study area. In other words, how males do not care about practicing safe sex. Besides, this infection rate is high as compared to the National statistics on STIs prevalence in Tanzania which is 5 %( TACAIDS, 2005).
After seeing the contradictions in the above findings [ever suffered from STIs?] being one fourth 25.9% while on the other hand, 40.7% hesitated to respond to whether they have ever suffered from STIs or not, the researcher decided to employ qualitative technique so as to clearly dig out the hidden facts behind the hesitation.

In doing this the sellers in the drug shops were used as KIIs to reveal the real situation on STIs Infection on the Island.

“…..STIs such as syphilis and gonorrhea are very common on the Island. I usually get at least 2-5 patients every week, majority are males, females rarely come for treatment at my shop, may be because I am a Male.” Said drug seller for shop 1.

When the same fact was crosschecked from another drug shop which is owned by a female nurse, she had the following to say;

“…..STIs are very common in both natives and migrants [fishermen, fishmongers, business people and cooks.] I have treated many for the last two years of my stay on this Island!. I usually receive both males and females aged between 13 to 40 years with STI cases. Sometimes it happens that I treat the same persons 3 times or more in a year. This can tell how high the STIs rate are on the Island……. it also tells how low condom use is among sexual partners on the Island…”
During the FGDs with the community members, the question; “do people fear STIs” was posed. Fortunately a respondent who had ever suffered from syphilis was involved in one of the FGDs. Here are his opinions;

“Myself I fear HIV/AIDS more than other STIs. These [STIs] are curable! Recently I had syphilis and it was easily treated at an affordable price. By the way, that was not my first time to be infected with STIs, I am used to them and I don’t fear STIs anymore…… people On the Island here have given metaphoric names to STIs such as flu or cold –meaning they are common and not threatening!” admitted a respondent in Male FG2D.

“…Sometimes we men have to be blamed, because when we get infected with STIs we just go and treat ourselves from the private health facilities where they do not insist on bringing our female sexual partners for treatment, as the government health facilities do. As a result, some females go infecting others [male] without noticing, since STIs symptoms for women delay to be recognized…..” said one of the fishermen in FGD2 who claimed to be a community health supporter in his home land.

The narrations given above show how respondents were not aware about the essence of condom use for STI, prevention and the trust they had to put in their sexual partners assuming that they were not infected. All of these narrations show how respondents were not knowledgeable about condom use for HIV/STIs prevention.
4.5.1 Sources of Medication for STIs

The researcher went further into exploring whether the STI, patients undertook appropriate medication. In probing this, government health facilities, private drug shops and traditional healers were revealed as sources of health care for STIs. It was found that, 52.4% argued that Musoma Government hospital is a source of treatment for STIs, whereas, 58.9% said people opted for drug shops on the Island. These two sources of medical care are referred to as modern. However, 35.7% argued that traditional medication is another source of treatment. This shows that people of Lukuba seek medical services related to STIs from both modern and tradition health therapists. Nevertheless, the differences observed on the mentioned sources of health services were statistically significant with a P value of 0.005, in the sense that all health facilities were sought for medication by STIs patients.
4.6 Factors Influencing Low or Non-Use of Condoms among People in Lukuba Island

4.6.1 Alcoholism

Excessive drinking has been mentioned by many researchers as one of the factors that contribute to low or non use of condoms. This confirms to findings from other studies (Pearson, 2004; Mbulaiteye et al, 2000; Thaxton, 2005) all of which have reported that alcoholism fuel the spread of HIV infections in societies where sexuality and social controls are weak. During the FGDs, respondents were asked about the influence of alcoholism on condom use.

The following were some of the responses;

“... There are people who derive their wealth here on the Island out of selling alcohol ..... If you visit those places you might think people have never heard of HIV/AIDS... During the nights drunkards just go behind houses or nearby bushes and feast on each other ......no one is sure whether those people use condoms or not .... There is a saying here on the Island that beyond midnight AIDS is sleeping.” Reported a man in FGD 2

These Findings show that lack of recreation centers/sites on the Island compel fisherman to spend much of their time on taking alcohol and sex. However, time and environment seemed to make males rush to have sex unprepared; either in the darkness or in bushes. Others could subject this to low inability of fishermen to pay for lodging or lack of privacy since they stay in shared small huts.
Similar to what men reported, women had this to say:

“…I fear free alcohol [offers] given by men because after drinking, they [men] expect women to pay in kind [sexual acts]…. So many women have been netted in such fowl traps… I believe few if not none of them move with condoms, which means chances of having unsafe sex are high… sometimes women are raped by either one person or gangs…” Reported a lady aged about 35 years in an FGD.

### 4.6.2 Organized Gang Rape

During the FGDs, gang rape was reported to be a very common practice in the fishing communities, especially among male youths and females. In view of the above narrations, alcohol is blamed to influence irresponsible sexual practices such as unprotected sex and organized rape as it is added by the respondent in the FGD below:

“…I hope many people who have been on this Island for more than a month can testify to this “Kubaka or “rapes” “Kulamande” by either organized Gang or one individual are common happenings after being drunk… recently a barmaid was raped by over 10 fishermen at around 11p.m Nobody woke up to rescue the lady, and the next morning nothing was done to the rapists as far as the law is concerned…… as we might all be aware, chances of a rapist using a condom are very narrow…” said a man in FGD2 for males.

“…Yes, many rape incidences are among the drunkard. Men do booze with targeted women with an intention to make them very drunk, such that they can easily take them for sex. Sometimes if a woman seems to be tough she is raped… most cases this is arranged by either one or many men in case the woman looks expensive for an individual to afford the expenses..” Said a woman in FGD1.
Contrary to the above, another man in FGD1 had this to say;

“...To me these women deserve it! How can a woman demand 50,000/- from a poor fisherman, who spends sometimes the whole night in water fishing and end up earning less than 10,000/- Tshs from his boss? in case of the employed fishermen! .... No way! .....We have to solicit from those who can pay for it and we share... So they deserve to get sexual intercourse in mobs because very few of us are ready to pay 50,000/- for a single night sex...” proposed one of the young fisherman in FGD1 who seemed to really mean his words.

Another respondent had this to add;

“...I don’t know where the world is heading, there are so many incidences where youths do rape drank women and barmaids, to make matter worse, they rape women who are not of their age... they are like their mothers...”said a man in FGD2.

Although the narration above shows the association between rape and drunkard-ness, it seems the law for protecting women’s rights as far as women sexual harassment is concerned is not effective on Lukuba Island, despite the fact that Tanzania has passed a law which puts serious punishment against violating women’s rights; particularly rape and any other sorts of sexual abuse, there is failure by local leaders to execute these laws protecting women’s rights hence, accelerating more sexual abuse among women of Lukuba Island. For this matter, adultery and rape cases are not seen as immoral conducts on the Island. So the way marriage is defined by fishermen in their home lands is not the way it is defined on the Island. A woman gets attached to a man who has money as concubine when he goes out of money the relationship ends.
As Bandura maintains in his social learning theory that external environmental reinforcement is not the only factor influencing learning and behavior, he describes intrinsic reinforcement as a form of internal reward, such as; pride, satisfaction, and a sense of accomplishment influence learning and behavior (Bandura, 1977). If we compare this argument to what is happening on Lukuba Island, where people commit offenses such as raping to satisfy their sexual desire and the law against such immoral conducts [women rights violation] remains silent, chances of such conducts being seen as obvious by the actors and others who observe it may be high. This connects to what other social learning theorist maintain; moral thinking and moral behavior are influenced by observation and modeling. This includes moral judgments [regarding right and wrong] which can in part; develop through modeling (Kendra Van Wagner, 2008).

4.6.3 Cleansing Culture

Some tribes in Mara region believe that a widow has to undergo ritual practice which involves; a woman having sexual intercourse with someone after the death of her husband in order to cleanse herself from misfortunes that might emerge from the death of her husband. This is done especially before the widow re-marries another man or when she is young with expectations of being re-married. Widows who accept to do this do it as a ritual practice. According to KII [VEO] a place where cleansing can easily be done is where people have reckless sex; fishing communities are said to be one of the best places for this ritual, unfortunately, condom use is not allowed during this ritual.
4.6.4 Lack of Knowledge on Condom Use

As we have seen earlier some people in Lukuba Island do associate condom use to the causation of stomachache during sex, some women fear that condoms may get stuck in their vagina; some said they have bad smell. This being the perception, there is a possibility that people who strongly hold to these perceptions may stop using condoms, inconsistently use condoms or use them inappropriately, as it was revealed during the FGD1 with males;

“.. I usually feel stomachache when having sex using condoms; this has been a common case to my friends too. We believe that it is a result of the lubricants found in condoms. What I do now days is to put on a condom inside out and rub-off the fluid. I learnt this from my friends because that is the way they do it and we don’t get stomachache ….a laughter and head nodding from the group supporting” Said a young fisherman in FGD1.

At the end of the FGD the researcher allowed some general questions from the participants. It appeared that the community members associated time taken for having sex with chances of someone to be infected with HIV/AIDS. The question below was asked during the informal discussion in FGD2;

“...Sir, Suppose I get a woman, then I take like 2-5 minutes having sexual intercourse with her and [I finish] ejaculate, can I get HIV/AIDS infection?....Asked a male aged 25 years from FGD2.
The researcher challenged the audience with the same question; some said he couldn’t get infected while others said he might get infected. This contradiction led the researcher to ask those who say there are chances of getting infections to raise their hands, then the same to those who said no infections; the results were as follows; 59% said no chances for infections, whereas 41% said there are chances of getting infections. Informal discussion with the FGD respondents showed that there is a mixture of information implying lack of knowledge on condom use for HIV/STIs prevention. The informal discussion showed that males and females do exchange sexual experiences during their idle time. These exchanges of ideas do influence their ways of conduct as far as sexuality is concerned. These stories implant negligence and subject the listeners to HIV/AIDS infections vulnerability.

4.6.5 Presence of Commercial Sex Works (CSWs)

The study found that the presence of CSWs on the Island facilitated hasty sexual behavior. Findings showed that some females come on the Island with pretence of being business ladies while in actual sense they are professional CSWs. Since they are doing business they can have sex with as many men as they can, even if it is unprotected sex so long as they earn money. This was narrated by both males and females during the FGDs as noted below;

“... There are horrible women, who make some men poor here on the Island...., they sale their bodies.... I am told if a man tastes once, he has to repeat, they become addicted! .... They have all the skills required to net men’s money....said a woman in FGD1.

“...They are at real business! You can choose to have live sex [unprotected] or use a condom...... You just pay according to the chosen option and the time spent while having sex. The cost for live sex starts at 20,000/- an hour. If you look rich or having money they can charge even higher than that. Whereas if you use condoms they may
charge between 5,000/- to 10,000/- ... however, the quality-beauty of the woman also matters in setting the sex price...’” said one of the businessmen from Seng'enge hamlet.

“.....A problem with women here on the Island is that one male can claim to have a formal marriage with a woman found here on the Island; most ladies who are single are CSWs at work! Unless she has been found from a family which is permanently residing on the Island .... And getting a stable woman for stable marriage is not easy on the Island, if there is any, she is one in ahundred....... I am not saying women here are not married but a single woman would wish to remain unmarried... because of commercial sex work they are involved in.....” said one bar-maid in female FGD 1

Presence of CSWs on Lukuba Island confirms studies by other researchers that CSWs works in boats landing bays and fishing sites. This has been reported by Alison and Seeley (2005) in the study conducted in Thailand and central and southern America.

4.6.6 Irresponsible Sexual Practices at the Expenses of Beauty or Money Paid

It was unfortunate to find that some men in Lukuba Island value the cost they pay for having sex at the expense of their lives. It was also reported that there are situations where some men ignored to use condoms. For example;
“…There are situations where you can ignore to use condoms. It has occurred several times to me. I get a cute lady at high cost with the expectations to use condoms. Moreover, roughrider - a condom that is expensive, believed not to burst easily and it gives much pleasure…. When the lady undresses... look at her beauty... I just say ‘potelea mbali’! [to hell] and I just go for pure [unprotected sex]... [a laughter from the whole group] commented a man during FGD2.

“...My self I fear condoms, they might get stuck in me. I have ever heard of such incidences ...” said one bar-maid in female FGD 1

The above narrations show that people on Lukuba Island are very aware of the condom use, including the ones which are believed to be of good quality. However, there are situations where factors such as beauty of a woman, cost paid for sex compel some men to decide to have unprotected sex with some females on the Island.

4.6.7 Men Influence on Sex Decision Making

Qualitative findings from Lukuba suggest that unsafe sex is highly practiced on the Island. This finding is in agreement with Mnyika et al (1995) which propose that men have influence on whether to have protected sex or not. As we have seen, there are situations such as drunkenness, men valuing beauty and the cost they pay for sex, and lack of knowledge on condom use among men, all of which directs men to do what they think is appropriate; be it unprotected sex or protected sex. Correspondingly, this finding supports the previous findings from HIV/AIDS by other researchers in East Africa. For example, Ambrose Rachier puts it that men have been cultured that they are the signs of manhood and controllers of the men and women in whatever relationship. Females have also been brought up to believe that males are superior in all spheres of life and should be the master of sexual relationships. This
in turn, makes females unprepared for sexual relations and equally unable to negotiate for safe sex (IRIN, 28 March 2003).

This concludes that it is upon a man to decide whether to have unprotected sex or protected sex and a prostitute/woman has just to follow the decision that a man has made.

4.7 Low Incomes

As it was elaborated in FGDs under characteristics of the study on pg 2, low income was another factor that caused fishermen to leave their wives home. This factor has some sense towards survival mechanisms and gives reasons as to why fishermen are not moving out with their wives. Besides, this reason is used again as an amnesty to fishermen to have freedom which lead to the establishment of new sexual partners since they spend long time away from their women.
CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter has two parts; the first part draws conclusions from key findings emerging from the study, whereas the second part gives some recommendations on how condom use can be promoted among the fishing communities. Before we look at the conclusions, let us see in summary what has been an overview of the study finding.

The study found out that Lukuba Island hosts people from different places. These migrants include; fishermen and women, business people and commercial sex workers. The findings also show that the Island is dominant with men who have left their wives at their home lands; moving with women found on the Island. The same applies to singles [unmarried men]. This being the case, the Island is not spared from being infected with HIV/AIDS. However, people are aware of the presence of the infection, though some people do take less precaution against HIV/AIDS infections including practicing safe sex. This is evidenced by the STIs prevalence.

It was revealed that there were complains and misconceptions regarding condom use among Lukuba dwellers. These misconception and complains on condom use partly contributes to low condom use, which eventually contributes to the spread of STIs/HIV. On the other hand, alcoholism and presence of CSWs were accused of fueling the spread of HIV/STIs.

Nevertheless, the Island receives irregular interventions on HIV/AIDS control. In addition to this, the Island lacks reliable health services. The population depends on drug shops found on the Island, managed by under qualified personnel. Reliable sources are found in Musoma town- 12 Kilometers away, a two hours ride on the Lake. Worse still, the Island lacks
community capacities [community based initiatives] in controlling the epidemic. If no deliberate measures are taken to control the spread of HIV/STI on the Island and the surrounding communities, there will in danger of deaths and other impacts emanating from HIV/AIDS like loss of human power, low production, low income, income poverty, change of the family- single headed families structures.

5.1 Conclusion

Condom use on the Island is still low although people in fishing communities are aware of condom use, as a device for protection against HIV/STIs. Low condom use on the Island is mainly signified by prevalence of STIs. This can be associated with inadequacy of education, communication and information materials [IECs] on HIV/AIDS and STIs on the Island. In additional to this, efforts towards fighting HIV/AIDS and STIs in programme or project interventions appeared to be irregular, inconsistent and insufficient.

Communities are not imparted with knowledge and skills on the epidemic and condom use. As a result, the HIV/AIDS spread chain might go beyond the fishing communities since people from fishing communities are too mobile and do interact with other non fishing communities such as neighboring villages, suburban and urban areas and community members at fishermen home lands. As a result, the human suffering, loss of life and much more, needed opportunity for economic growth and poverty reduction which fisheries can provide will be foregone. For that reason, there is a need for developing a much larger and more coordinated effort with a wide range of government departments, NGOs and community groups so as to develop action plans and means [resources] of countering and reducing the effects of HIV/AIDS in fishing communities. More specifically to this, communities need to be at the centre of the whole process; imparted with skills and
knowledge required to help them in contextualizing the challenges and problems resulted from non use of condoms. It is from this approach where community members will be in position to set working strategies to enhance condom use among them.

In this regard, condom use should be seen as a behavior that needs to be promoted with appropriate information and intervention skills for encouraging sexual behavioral changes for both men and women, and integrate those changes as part of the habits of their sexual life. Therefore, condom promotion needs to move from discourse of HIV/STIs and family planning to sex skills and sexual pleasure. In doing this, one needs to address issues hindering condom use such as dominant masculine, sexual prowess which makes men unwilling to use condoms. It is at this point where we shall achieve the use of condoms as gadgets for safe sex and family planning.

5.2 Recommendations

There is a need to think and redesign messages promoting condom use among fishing communities which are different from other communities. This is simply because the contexts within which fishermen are living are completely different from those of truck drivers, and general population. The redesign can have a focus which is beyond the framework of prevention of HIV/STIs and controlling unplanned pregnancies to the framework of enhancing relationship, reducing masculinity, encouraging sex pleasure in order to achieve both satisfactory and safe sex.

As it was seen from the findings, meanings men and women give to sexual pleasure claim to be superior to the risk that may come out of unprotected sex. More is required to be done on this, especially by imparting knowledge that is drawn from challenging life experiences,
emanating from HIV/AIDS impacts among the fishing communities. For example, developing educative messages which will help the community to understand impacts of HIV/AIDS at households and community levels; for instance death of parents, key family members, family labor force, and increased cost of living caused by the medical and other costs needed by HIV Patients, change of the family structures; where by elder children are becoming the breadwinners of other young children.

Information, Education and Communication (IECs) materials for promoting condom use and sexual behavioral change among the fishing communities should reflect their real life, challenges and the problems they face in condom use and prevention them from HIV/STIs in general. Therefore the use of other ready made [available] IECs which do not reflect life and HIV/STIs challenges in fishing communities should be avoided. As it was recommended by a respondent in FGDs, the use of audio visual materials can be extremely helpful. Furthermore, contextually developed IECs should try to resolve misconceptions or negative understanding and perceptions of condoms use to positive understanding.

Deliberate efforts should be made to combat the spread of HIV/AIDS from fishing communities to where immigrant fishermen and other people involved in finishing sector come from. This is so because life hardships emanating from lack of employment and recent growth of fishing industries in Tanzania has forced people who were not originally fishermen or fishmongers to get involved into fishing sector. This has led people who are involved in fishing sector to come from areas which are far from the lake shores. Also, fishing sector is linked with a number of other sectors in both rural and urban. For example, marketing- for fish and access food and other basics, bar, guesthouses and hotels. Generally, people from fishing sector intervene and interact with society at large. In this regard, the multiplier effect
in the spread of the epidemic is likely to be high in areas either neighboring or where people from fishing sector visit frequently. This being the case, there is a need to trace where majority of these people comes from, interact frequently such that stakeholder in HIV/STIs fight can do situation survey on HIV/STIs prevalence and if infections are found, HIV/STIs preventions can be extended to those areas.

The study noted that there is high STIs rate in the area. In this sense there is a need to establish health facilities with enough and well qualified medical professions closer to fishing communities. In addition to this, the emphasis to HIV/AIDS and STIs prevention promotions by using mobile clinics and provision of Voluntary Counseling and Testing (VCT) services to other Islands and surrounding communities will reduce the STIs rate and its susceptibility to HIV infection, and more importantly, make people aware of the health sero status, which is vital to behavioral changes.

Distribution of Antiretroviral drugs (ARVs) to people found with HIV, this can motivate more people to go for VCT and eventually change their susceptible behaviors to HIV/STIs. This is currently lacking in the study area which is 12 kilometers away from Musoma town, the situation for other fishing sites in remote areas is not known.

None of the agencies in the fight against HIV/AIDS is distributing free condoms on the Island including the government itself. Additionally, there is no community approach in place involving the community members in HIV/AIDS campaigns; as a way of imparting the community with HIV/AIDS fighting knowledge and skills. Use of peer to peer group might be very important in spreading the condom use messages and distribution of free condoms.
I would also suggest that the district health management team may think of capacitating the under construction of a government dispensary with health personnel and equipments and stocking drugs so that it can be able to handle HIV and STIs cases effectively among others diseases found on the Island.

Study found that there is weak sex negotiation power among women and men on condom use in fishing communities. This is mainly because majority of women do go by the decision men have made on either to use condom or not during sex. This is partly contributed by women’s weak economic status and unemployment. As a result they have found themselves involved in commercial sex as an alternative to life in fishing communities (Gordon, 2005). Focus should be put on the root causes of their economic vulnerability, particularly by promoting economic and social empowerment through training, development of economic opportunities, rural finance, market access and support groups. This should go hand in hand with building their capabilities onto insisting on condom use for safe sex.

It was also found that women on the Island are victims of rape cases. This is typically a violation of women rights; Tanzania has passed a law which is against women right violation and more specifically on rape. Men and women should be made aware of this and women should be encouraged to report the rapist such that the law can take its course. More to this, the local government should find ways of liaising with police from the district authority to establish a police post on the island.
By the time when this study was undertaken, the HIV/STIs policy for fishing sector in Tanzania was under its development stage. The highlights of the policy are not yet known. It is expected that the development of this policy will be participatory, multi-sectoral and comprehensive in its approach. It has to involve input from fishing communities and organizations working in the fisheries sector. Its mainstreaming has to focus on community participation in order to own the results. Donors and those working in fisheries should help in advocating for this policy. It is also expected that when fisheries departments put this policy into place, it will be critical for them to work with a wide range of partners to achieve its profile, depth, scale and impact in their responses.
5.4 PROPOSED AREAS FOR FURTHER RESEARCH

In view of the findings and recommendations of this study, the following research areas are proposed:

- Accessibility, availability and compliance to HIV/AIDS health services among fishing communities as the study in Lukuba Island has revealed lack of health services such as VCT, STIs treatment and provision of ARVs.

- Another area could be on; Updating HIV/STI prevalence in fishing and neighboring communities. This is because currently there is no reliable data on HIV/AIDS prevalence among fishing communities in Tanzania.

- Another area could be HIV/AIDS and changing role of women in fishing communities. The reason could be deaths have been one of the impacts of HIV/AIDS, on the other hand it is anticipated that some women could be widow. Since their economic capacities were depending and managed by their husbands, it is expected they have sought to various ways to economically sustain their family.
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ANNEXIES

ANNEX: 1 QUESTIONNAIRE FOR PERMANENT RESIDENTS

QUESTIONNAIRE ON SOCIO-CULTURAL FACTORS AND CHALLENGES ON CONDOM USE AMONG THE FISHING COMMUNITIES ON LUKUBA ISLAND, MUSOMA RURAL DISTRICT – TANZANIA, 2007

Introduction

Greetings! My names are Maseke Richard MGABO, currently a master student of sociology, Makerere University, Uganda.

I am attempting to study about the socio-cultural factors and challenges influencing condom uses among the fishing communities in Tanzania. I have some Ideas but I am not certain about them. I would wish to get your views on this issue.

You have been selected in this study because you are a resident of Lukuba Island, hoping that you are aware of the daily social and economic and cultural life of this Island.

You are therefore requested to participate in this study; however, it is voluntary and you are free not to participate if you decide not to do so. The information given will not be used for any other reason other than the stated above.

Please feel free to express your self. I assure you that the information you are providing will remain secret and will be used only for this study. Therefore, the relevance of this study depends so much on the honest response to the question asked.

If there is anything unclear or you need further information, please do not hesitate to ask, I will share with you what I certainly understand. I seek your consent before we start

1. Agree (proceed with the Interview)
2. Disagree (Thank the respondent and terminate the Interview)
1 Name of the hamlet and Camp………………………………………………………………………………

2 Sex of Respondent
   1 = Male  
   2 = Female

3 Age of respondent
   1 = 15 – 20 yrs  
   2 = 21 – 30 yrs  
   3 = 31 – 40 yrs  
   4 = 41 – 50 yrs  
   5 = above 50 yrs

4 Marital Status
   1 = Married  
   2 = Divorced  
   3 = Separated  
   4 = Widow / Widowed  
   5 = Cohabiting  
   6 = Single
5. Religion

1 = Catholic
2 = SDA
3 = Protestant
4 = Pentecost
5 = Moslem
6 = Saved/ Mulokole
7 = Non Religious

6. District of origin

1 = Musoma Rural
2 = Tarime
3 = Magu
4 = Mwanza
5 = Musoma Urban
6 = Bunda
7 = Serengeti
8 = Rolya
9 = Ukerewe
10 = Others

7. Occupation

1 = Causal laborer
2 = Fisherman
3 = Cook
4 = Boat Mechanic
5 = Business person
6 = Bar Maid
7 = House Wife
8 = Fish Monger

8. Level of Education

1 = Primary
2 = Secondary
3 = Institute
4 = No formal

9. Earning per month (in Tz shs)

1 = > 30,000
2 = btn 31,000 – 50,000
3 = Institute
4 = btn 90,000 – 120,000
5 = 120,000
10. Savings per month (in Tz shs)
   1 = < 10,000  
   2 = btn 20,000 - 50,000  
   3 = btn 51,000 - 110,000  
   4 = btn 81,000 - 110,000  
   5 = > 110,000

11. Is this community in danger of HIV/AIDS infections?
   1 = Yes  
   2 = No  
   3 = I don’t know

12. If Yes, Why? ……………………………………………………………………….

13. Do you think condom can prevent HIV/STIs?
   1 = Yes  
   2 = No  
   3 = I don’t know

14. If No, why? ……………………………………………………………………….

15. Does community teach youth on condom use?
   1 = Yes  
   2 = No  
   3 = I don’t know

16. If No, Why? ……………………………………………………………………….

17. If Yes, why? ……………………………………………………………………….

18. If No explain ……………………………………………………………………….
19. Why don’t most youth use condoms?

20. Are there any problems resulting from condom use?

21. Are there advantages of condom use?

22. What are your opinions on condom use?

23. Do you have any comments to make as far condom use promotion is concerned (specifically for this Island)?
ANNEX: 2 QUESTIONNAIRE FOR FISHING COMMUNITY MEMBERS

QUESTIONNAIRE ON SOCIO-CULTURAL FACTORS AND CHALLENGES ON CONDOM USE AMONG THE FISHING COMMUNITIES ON LUKUBA ISLAND, MUSOMA RURAL DISTRICT – TANZANIA, 2007

Introduction

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The relevance of this study depend so much on the honest response to the question asked

If there is anything unclear or you need further information, please do not hesitate to ask, I will share with you what I certainly understand. I seek your consent before we start

1. Agree (proceed with the Interview)
2. Disagree (Thank the respondent and terminate the Interview)
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Name of the hamlet and Camp</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Sex of Respondent</td>
<td>1 = Male 2 = Female</td>
</tr>
<tr>
<td>3</td>
<td>Age of respondent</td>
<td>1 = 15 – 20 yrs 4 = 41 – 50 yrs 2 = 21 – 30 yrs 5 = &gt; 50 yrs 3 = 31 – 40 yrs</td>
</tr>
<tr>
<td>4</td>
<td>Marital Status</td>
<td>1 = Married 4 = Widow / Widowed 2 = Divorced 5 = Single 3 = Separated 6 = Cohabiting</td>
</tr>
<tr>
<td>5</td>
<td>Do you stay with your spouse her in the Island?</td>
<td>1 = Yes 2 = No</td>
</tr>
<tr>
<td>6</td>
<td>Religion</td>
<td>1 = Catholic 5 = Moslem 2 = SDA 6 = Non Religious 3 = Protestant 7 = Lutheran 4 = Pentecost</td>
</tr>
</tbody>
</table>
7. District of origin
   1 = Musoma Rural       6 = Bunda
   2 = Tarime             7 = Serengeti
   3 = Magu               8 = Rolya
   4 = Mwanza             9 = Ukerewe
   5 = Musoma Urban       10 = Others

8. Occupation
   1 = Causal laborer     4 = Boat Mechanic
   2 = Fisherman          5 = Business person
   3 = Cook

9. Level of Education
   1 = Primary            4 = University
   2 = Secondary          5 = No formal
   3 = Institute

10. Earning per month
    1 = > 30,000           4 = btn 91,000 – 120,000
    2 = btn 31,000 – 50,000 5 = 1,120,000
    3 = btn 51,000 – 70,000
11. Savings per month

1 = < 10,000 
2 = btn 20,000 - 50,000 
3 = btn 51,000 
4 = btn 81,000 - 110,000 
5 = > 110,000 
6 = Not at all

12. Is Lukuba Island in danger of HIV/AIDS?

1 = Yes 
2 = No 
3 = I don’t know

13. Where were you staying in the past one year, before coming here?

1 = Other Island 
2 = Mwanza 
3 = Sengerema 
4 = Musoma 
5 = Kinesi / Tarime 
6 = Bunda 
7 = Dar – es-Salaam 
8 = Bukoba 
9 = Ukerewe 
10 = More than one place 
11 = Musoma rural 
12 = Native

14. For how long did you stay there?

1 = Less than six months 
2 = 1 year 
3 = 2 years 
4 = more than 3 years

15. Did you have a sex lover while staying there?

1 = Yes 
2 = No
16. Is yes is he/she a current spouse
   1 = Yes          2 = No

17. Have you ever traveled to somewhere else for the past six months?
   1 = Yes          2 = No

18. If yes where did you go?
   1 = Mwanza       4 = other places
   2 = Musoma       5 = More than one place
   3 = Both         6 = Native

19. How many times have you traveled in the past six months?
   1 = One time     4 = Many times
   2 = Two times    5 = Never traveled
   3 = Three times

20. Did you have a sex lover while on journey?
   1 = Yes          2 = No          3 = Hesitate to respond

21. If No why? .................................................................

22. If Yes why? .................................................................

23. Did you have Safe sex?
1 = Yes  2 = No  3 = Hesitate to respond

24. If yes, what do you mean by Safe Sex?
...................................................................................................................

25. If No, Why did not you have Safe sex?
...................................................................................................................

26. What circumstances can influence you to use condom?
...................................................................................................................

27. Why that time? ................................................................................................

28. Can you have sex with someone who you don’t know?

1 = Yes  2 = No  3 = Hesitate to respond

29. What influences you to use condoms?
...................................................................................................................

30. Can you go for an HIV/AIDS test?

1 = Yes  2 = No

31. If No why? ................................................................................................
32. Through which ways can you prevent yourself from HIV/AIDS infection?

33. Where can you get a condom?

34. What are the common types of condoms?

35. What are most the preferred types of condoms?

36. What makes them preferred? (Prove for each type mentioned on Qn. 35 above)

37. If it is hard to get condoms here (Island) what can be done to prevent yourselves from HIV infections?

38. Do ladies have a right to demand safe sex?
   1 = Yes  
   2 = No  
   3 = Not sure

39. If No why? ……………………………………………………………………………..

40. Are there cases of unplanned pregnancies to unmarried women on this Island?

………………………………………………………………………………………..
41. Are there Rape incidences on this Island?

42. Is there a habit of sharing sexual lovers on this Island?

43. If it does exist are condoms used?
   1 = Yes    2 = No

44. Do people complain on condom use?
   1 = Yes    2 = No

45. Which condoms do people mostly complain about?

46. Probe complain for each condom mentioned on Qn. 45

47. Are there reported cases of the existence of STIs in this Island?
   1 = Yes    2 = No    3 = I don’t know

48. What are the leading STIs?

49. Where do STIs patients get treatment?
50. Is there NGO, CBO e.g. which is engaging in HIV/AIDS Campaigns on this Island?
   1 = Yes  2 = No  3 = I don’t know

51. What do they exactly do?

52. What are your opinions on the fight against HIV/STIs on this Island?
ANNEX: 3 Focus Group Questionnaire Guide

QUESTIONNAIRE ON SOCIO-CULTURAL FACTORS AND CHALLENGES ON CONDOM USE AMONG THE FISHING COMMUNITIES ON LUKUBA ISLAND, MUSOMA RURAL DISTRICT – TANZANIA, 2007

Introduction

Greetings! My names are Maseke Richard MGABO, currently a master student of sociology, Makerere University, Uganda.

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The relevance of this study depend so much on the honest response to the question asked

If there is anything unclear or you need further information, please do not hesitate to ask, I will share with you what I certainly understand. I seek your consent before we start

1. Agree (proceed with the Interview)

2. Disagree (Thank the respondent and terminate the Interview)
1. Do you think this island is in danger of HIV/AIDS? If yes, Why?
2. What kinds of condoms are available in the area? (Female/Male)
3. What do you understand by Male condom and HIV/ AIDS?
4. What are common male condom brands?
5. What brands are preferred?
6. Why those brands? (probe each separately)
7. What are the prices on the available types (probe on affordability)
8. Do community members feel free to buy and use condoms?
9. If not free, why?
10. What are peoples’ attitudes towards condom use in this area?
11. How do community members access condoms in this area? (Probe on distance)
12. What problems do people face in accessing condoms in this area? (probe on shyness)
13. What difficulties do people face on condoms use? (probe for technical problems, myth on condom use and peoples beliefs)
14. Do parents teach their children on condom use?
15. Do you think people use condoms very time they have sex? [ probe for condom use consistence]
16. What are the common practices that you think lead to non-use of condoms among the Lukuba people?
17. Are there STIs cases on the Island?
18. How about cases of unplanned pregnancies?
19. Are there cases of women rape on the Island?
20. Why it is that fisherman don’t come with their wives on the Island?
21. What do you think can be done to intensify future condom use in this community?
ANNEX: 4 Key Informants Guide

QUESTIONNAIRE ON SOCIO-CULTURAL FACTORS AND CHALLENGES ON CONDOM USE AMONG THE FISHING COMMUNITIES ON LUKUBA ISLAND, MUSOMA RURAL DISTRICT – TANZANIA, 2007

Introduction

Greetings! My names are Maseke Richard MGABO, currently a master student of sociology, Makerere University, Uganda.

Here with you, I am attempting to study about the socio-cultural factors and challenges influencing condom uses among the fishing communities in Tanzania. I have some Ideas but I am not certain about them. I would wish to get your views on this matter.

You have been selected in this study because you are a resident of Lukuba Island, hoping that you are aware of the daily social and economic and cultural life of this Island.

You are therefore requested to participate in this study; however, it is voluntary and you are free not to participate if you decide not to do so. The information given will not be used for any other reason other than the stated above.

The relevance of this study depend so much on the honest response to the question asked

If there is anything unclear or you need further information, please do not hesitate to ask, I will share with you what I certainly understand. *I seek your consent before we start*

1. *Agree (proceed with the Interview)*

2. *Disagree (Thank the respondent and terminate the Interview)*
1. What is your name?

2. For how long have you been on this Island?

3. Do you think this island is in danger of HIV/AIDS? If yes, Why?

4. What kinds of condoms are available in the area? (Female/Male)

5. What do you understand by Male condom and HIV/AIDS?

6. What are common male condom brands?

7. What brands are preferred by most people?

8. Why those brands? (probe each separately)

9. What are the prices on the available types? (probe on affordability)

10. Do community members feel free to buy and use condoms?

11. If not free, why?

12. What are peoples’ attitudes towards condom use in this area?

13. How do community members access condoms in this area? (Probe on distance)

14. What problems do people face in accessing condoms in this area? (probe on shyness)

15. What difficulties do people face on condoms use? (probe for technical problems, myth on condom use and peoples beliefs)

16. Do parents teach their children on condom use?

17. Do you think people use condoms every time they have sex? [probe for condom use consistence]

18. What are common practices that you think lead to non-use of condoms among the Lukuba people?

19. Are there STIs cases of the Island?

20. How about cases of unplanned pregnancies?

21. Are there cases of women rape on the Island?
22. Why it is that fisherman don’t come with their wives on the Island?

23. What do you think can be done to intensify future condom use in this community?
ANNEX: 5 QUESTIONNAIRE FOR HEALTH CARE PROVIDERS/ CONDOM DISTRIBUTORS

QUESTIONNAIRE ON SOCIO-CULTURAL FACTORS AND CHALLENGES ON CONDOM USE AMONG THE FISHING COMMUNITIES ON LUKUBA ISLAND, MUSOMA RURAL DISTRICT – TANZANIA, 2007

Introduction

Greetings! My names are Maseke Richard MGABO, currently a master student of sociology, Makerere University, Uganda.

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You have been selected in this study because you are a resident of Lukuba Island, hoping that you are aware of the daily social and economic and cultural life of this Island.

You are therefore requested to participate in this study; however, it is voluntary and you are free not to participate if you decide to not do so. The information given will not be used for any other reason other than the stated above.

The relevance of this study depend so much on the honest response to the question asked

If there is anything unclear or you need further information, please do not hesitate to ask, I will share with you what I certainly understand. I seek your consent before we start

1. Agree (proceed with the Interview)
2. Disagree (Thank the respondent and terminate the Interview)
1 Name of the hamlet and Camp………………………………………………………………………………

2 Sex of Respondent
   1 = Male                  2 = Female

3 Age of respondent
   1 = 15 – 20 yrs          4 = 41 – 50 yrs
   2 = 21 – 30 yrs          5 = Above 50 yrs
   3 = 31 – 40 yrs

4 Marital Status
   1 = Married               4 = Widow / Widowed
   2 = Divorced              5 = Single
   3 = Separated             6 = Cohabiting

5. Where do you come from?
   1 = Lake Zone             3 = Northern Highlands
   2 = Central Zone          4 = Southern Highlands

6. I would like to know the kind of condoms you are selling / distributing

........................................................................................................................................................................
7. How much does it cost per packet of condom? (Probe prices for all types sold/ have been sold) ………………………………………………………………………………………………………

8. What type of condom is highly preferred?

9. Do people complain about condoms?
   1 = Yes  2 = No  3 = I don’t know

10. If Yes, (probe complaints for every mentioned condoms)
    …………………………………………………………………………………………………………..

11. Where do you get (buy) the above mentioned condoms?
    …………………………………………………………………………………………………………..

12. What type of condom is highly sold/distributed?
    …………………………………………………………………………………………………………..

13. What do you have to say generally as far as condom use is concerned in this Island?
    …………………………………………………………………………………………………………..

14. Reasons for the comments you have given to Qn. 13 above
    …………………………………………………………………………………………………………..

15. Are there STIs cases on this Island?
    …………………………………………………………………………………………………………..
16. If available, what are the leading STIs?

…………………………………………………………………………………………

17. Where do affected people get treatment?

…………………………………………………………………………………………

18. What other comments do you have on condom use for prevention of HIV/STIs?