HIV/AIDS in Tanzania: Knowledge Dissemination Systems and Changing Youth Behaviour

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Introduction

The prevention and control of the spread of HIV/AIDS infection remains a priority of many governments, particularly in sub-Saharan Africa, which is estimated to host about 70 percent of the world's HIV/AIDS victims (O'Sullivan 2000; USAID 2001; UNICEF, UNAIDS & WHO, 2002). The prevention efforts regarding HIV/AIDS transmission need to ensure that people, particularly those who are more vulnerable, such as youths,[1] are not exposed to the HIV/AIDS pandemic, and if exposed, have adequate knowledge and skills to prevent infections (Barnett and Whiteside 2002; UNICEF, UNAIDS & WHO, 2002). This needs an approach which provides vulnerable groups such as youths with information and skills, and empowers them to participate in the design and implementation of the programmes that target them (Colling 1998; Shapiro et al., 2003). Two systems of knowledge dissemination exist, namely modern, such as through mass media, and local, such as through stories. For the local methods of knowledge dissemination, the communicator and audience must be present and should speak the same language. On the other hand, in understanding the information and skills provided through modern systems, two aspects are important: one, reliable income for purchasing sources of information, such as radio and newspapers, and second, education for using and understanding the information and skills. Insisting on the role of education in acquiring knowledge about HIV/AIDS through modern systems, UNICEF, UNAIDS & WHO (2002:26) note that:

> Good-quality education fosters analytical thinking and healthy habits. Better educated young people are more likely to acquire the knowledge, confidence and social skills to protect themselves from the virus.

Also studies conducted in Tanzania (Fothal et al., 1996; Kapiga and Lugalla 2002) and elsewhere (Lopez 2002:26; Sigh 2003; UNICEF, UNAIDS & WHO, 2002:27) reveal that high-risk sexual behaviours are common among youths and decrease with increasing levels of education. It follows therefore that education is important for one to access information and skills and put them into practice. Levels of education however have been affected by the socio-economic reforms such as SAPs, which introduced user fees to social services, including education, hence reducing the ability of the youths to access knowledge about HIV/AIDS.

Socio-economic Reforms and the Prevention of HIV/AIDS

The socio-economic trends in sub-Saharan countries indicate that significant number of the population have no access not only to better and quality education but also to formal education in general (Barnett and Whiteside 2002; Lugalla 1995). Since the mid 1980s developing countries and sub-Saharan Africa in particular have undertaken economic and policy reforms initiated by the International Monetary Fund (IMF), the World Bank and other multilateral institutions. Structural Adjustment Programmes (SAPs) that propound free markets and other reforms have affected both positively and negatively the economies of developing countries and peoples' well-being. The introduction of cost sharing in social services, such as education and health, the retrenchment of workers and the removal of agricultural subsidies are some of negative effects of the reforms in these countries. The introduction of school and medical fees, which, for instance, were absent in Tanzania after independence in 1961 under the socialist policies, make it difficult for the majority of the poor Tanzanians to pay for these vital social services. This has increased vulnerability to HIV/AIDS infections in the country since the majority has no access to education and health services. In Tanzania there was an increase in enrolments for primary education in the 1970s in terms of the Universal Primary Education programme (UPE). Every child aged seven was required by law to enrol free for primary education. In the late 1980s and the whole of the 1990s the enrolment rate decreased dramatically (Mbelle and Katabaro 2002; URT 2002b). For instance, between 1993 and 1995 only 45 and 48 percent of eligible males and female children respectively enrolled for primary education (O'Sullivan 2000) with many others dropping out of school due to failure to pay school fees (Lugalla 1995). On average the net enrolment in the 1990s was 54.2 percent and illiteracy rose, with 28.6 percent of the population not able to read and write in any language (URT 2002b:18-19). The trend however reversed after the abolition of fees for primary education in 2000. In 2001, the net enrolment rate reached 65.5 percent (ibid).

In rural areas the removal of agricultural subsidies reduced the ability of the people to pay for education and health services. In Tanzania, there is more illiteracy in rural areas than in urban areas, with higher rates among women (36 percent) than men (20.4 percent) (URT 2002b). Most youths opt to migrate to urban centres to look for jobs. It was estimated, for example, that Dar es Salaam City has been receiving between 20,000 and 50,000 new migrants a year from both rural areas and other urban centres for the last ten years (URT 2003b). Of these, more than 90 percent are youths. At the destination, migrants have limited access to HIV/AIDS and health-related information and health facilities due to a lack of reliable income to pay for the service and purchase sources of information.

Knowledge Dissemination Systems

HIV/AIDS information and skills dissemination has been mainly through modern systems, such as the use of mass media — television, radio, internet, newspapers, and leaflets (Naimani and Bakari 1999; UNICEF 1999; Shapiro et al., 2003; Chatterjee 1999). However, modern knowledge systems are in most cases expensive, particularly when it comes to such sources of information as the internet, radios, televisions and newspapers, which the majority of the population (particularly youths who dominate the unemployed group) cannot afford. Furthermore, they may need someone literate to use them, which marginalise those unable to read or understand the language used (Kinsman et al., 1999; URT 2002b). The modern systems of HIV/AIDS knowledge dissemination hardly take into account the existing socio-economic, cultural, institutional and technological contexts of the audience, and use mainly top-down approaches (Kinsman et al., 1999). This has created conflicts between modern systems of HIV/AIDS knowledge dissemination and socio-cultural standards of the audiences, for instance, in terms of language, content of the programmes, and conduct of the communicators — people delivering information (ibid). This calls for understanding of local knowledge systems employed in disseminating HIV/AIDS knowledge and the way they mediate with modern systems. Local knowledge systems are 'the unique, local knowledge existing within and developed around the specific conditions of women and men indigenous to a particular geographical area' (Grenier 1998:1). These specific conditions of indigenous people include community beliefs, values, skills, attitudes and practices developed over time. Due to conflicts between modern knowledge systems of HIV/AIDS dissemination and socio-cultural standards of the audiences, members of the community may object to the content of the programmes or not absorb the messages at all. Kinsman et al., (1999) observed for instance that parents in Uganda objected when male teachers taught their daughters about

condoms, a practice considered to be contrary to their socio-cultural beliefs. In Tanzania, for instance, condom use among youths aged 15-24 years is only 21 and 31 percent for female and male respectively. Furthermore, less than 37 percent of youths aged 15-19 years know the basic three ways (ABC) of avoiding HIV infection — abstinence, be faithful and consistent condom use (URT 2003a). This indicates that either youths do not receive adequate information and skills to protect themselves from HIV/AIDS infections or they do not understand the messages about HIV/AIDS conveyed to them.

Against this background of possible shortcomings of modern systems of knowledge dissemination, the research for this paper proposed to investigate and understand local knowledge systems of HIV/AIDS knowledge dissemination. Furthermore, the study intended to find ways to mediate modern and local systems for designing efficient and effective programmes to disseminate such knowledge. The mediated knowledge dissemination systems need to be gender sensitive and to consider different social groups, such as youths and adults, and their relationship in society (Butler 1990). Mediating modern and local knowledge systems in HIV/AIDS prevention has been proposed elsewhere (Burnnett et al., 1999; Zambia and Myer et al., 2002, South Africa) as a way to improve the acceptability of the information being disseminated. Burnnett et al., (1999) indicate that involving traditional healers in supplying condoms may improve their acceptability and availability, particularly in rural areas. On the other hand, Myer et al., (2002) argue that the lack of access to condoms in South Africa is due to relying on formal health facilities for their distribution. They therefore recommend that the distribution of condoms takes place through both formal and informal systems and that they consider the use of existing social networks.

To understand the knowledge dissemination systems in the prevention of HIV/AIDS and their role in changing youths' behaviour, the following questions were investigated: What are the sources of information about HIV/AIDS for youth in Tanzania? How is the information disseminated (language, time, place, and socio-cultural settings such as gender)? Who disseminates it (adults, youths)? Is the information digestible and accessible to the youths? How do youths perceive and value the methods of information dissemination and information they receive about HIV/AIDS based on modern knowledge systems and local knowledge systems? How do youths organise themselves to understand and prevent the spread of HIV/AIDS among themselves? To what extent has the introduction of education and medical fees affected the dissemination of information about HIV/AIDS?

Methods and Settings

The data for analysis in this paper are from fieldwork conducted in two different geographical locations in Tanzania — one in Kitunda ward in Dar es Salaam City and the other in Burunga ward in Serengeti district, which is located in a rural setting. The choice of these two sites enabled a comparison to be made in HIV/AIDS knowledge dissemination systems and general awareness between urban and rural settings. The intention was also to explore if any similarities and differences existed between urban and rural settings resulting from the process of globalisation. The primary objective of the research was to examine the systems employed in HIV/AIDS knowledge dissemination, and the youths' perceptions, attitudes and responses towards those systems and information received.

The methods employed in data generation included research diaries, semi-structured interviews, focus group discussions, participant observation and document analysis. The research diary method was used for planning and reviewing the day-to-day research proceedings, such as what had been done, problems encountered and what to do next. The method enabled the researcher to find ways to solve problems encountered and hence plan for the next step of the research.

To explore specific issues related to HIV/AIDS knowledge from individual respondents, semi-structured qualitative interviews were conducted. As Flick (1998:76) noted, semi-structured interviews allow respondents to express themselves more openly than in a structured interview, reflecting the respondents' own thinking and feelings. Kitchin and Tate (2000:219) further argue that 'the less structured the interview the greater the flexibility the research has to direct the conversation and to explore specific issues in-depth'. The interview method is one of the effective approaches in health-related studies (Fisher et al., 1996). A total of 35 male youths, 38 female youths, 12 male adults and 10 female adults were interviewed (Table 1). Interviews were conducted at places convenient to respondents, such as vijiwe[2] (mainly for male youths), water collecting points (for females, particularly house-girls), Private Television Show Rooms (for all types of respondents), pubs (for all types of respondents) and ward offices (for adults and a few female youths). Some problems arose in the process of interviewing (Silverman 2001:270). Some respondents did not provide information for fear of a lack of confidentiality concerning the information and the results of the research project. This was the case particularly for male youths found in vijiwe as they feared to be revealed as members. Likewise, house-boys and house-girls feared that the information they provided could be communicated to their

employers and that they could lose their jobs. Therefore respondents were assured that information provided would be treated with great confidentiality, and anonymity would be observed. Each participant gave informed and written consent before participating in the research.

Focus group discussions were employed to identify and understand community knowledge, specifically that of youths concerning HIV/AIDS: for example, language, words used, and the feelings, behaviour and attitudes in a particular setting. According to Kitzinger and Barbour (1999:5) a focus group is any group discussion of people provided that the researcher is actively encouraging and attentive to the group interaction. A total of sixteen focus groups were organised — seven in Burunga ward and nine in Kitunda ward. Each group contained five to six participants (Flick, 1998: 118). Focus group discussion is an efficient qualitative data generation technique in that participants tend to provide checks and balances on each other and weed out extreme views. The approach helps to assess how consistent are the views of the participants (Flick 1998:115). Removing those views and statements which are not shared socially increases the validity of the information. Focus group discussions were conducted in the vijiweni, at water collecting points, PTSRs, pubs and ward offices.

Another method employed was participant observation. Though initially this method was not preferred in data generation, it became necessary to adopt it during the fieldwork. To capture some information the researcher had to become one of the members in the private television show rooms (PTSRs) and pubs (Kitchin and Tate 2000). Observation is seeing events as they happen in the natural setting. Marshall and Rossman (1995:79) refer to observation as the systematic recording of events, behaviour and artifacts in a social setting. The method therefore enabled the researcher to understand how the programmes in PTSRs are selected, and to gauge the reaction of the members of different age and gender in the PTSRs and pubs to the programmes.

In addition to the views given during interviews and focus group discussions, document analysis was undertaken. HIV/AIDS policy documents (URT, 2001) and programmes (URT 2002c; 2003a) in Tanzania were analysed. Most programmes designed and implemented prior to 2001 were general, with no specific focus on youths. Most of the programmes treated HIV/AIDS as purely a health problem, and left it to the health sector to design and implement HIV/AIDS programmes.

Results

Sample Characteristics

Details regarding respondents and other participants appear in Tables 1 and 2. The sample comprised youths (73.6 percent) and adults (26.4 percent) (Table 1). Of the youths, 45 and 28.6 percent were male and female respectively, with ages ranging from 15 to 25 years old. Thirty percent of the youths had no formal education or had dropped out of school without completing primary school. The majority of the school drop-outs were domestic servants (house-boys and house-girls), who had migrated to Dar es Salaam to search for jobs after leaving school. The reasons for dropping out of school and not completing primary level education varied among respondents, but the majority cited the failure of their parents or guardians to pay school fees as a major cause. Others mentioned the death of their parents or guardians and the resultant loss of support. A few indicated that they decided to leave schools because for personal reasons, such as poor relationships with their parents, guardians, or teachers. There was no any adult involved in the study with less than primary education level, which indicated that they all benefited from the 1970s Universal Primary Education policy.

As far occupation is concerned, only five percent of youths had employment in the formal sector. Others were either self-employed (poultry keepers, buyers and sellers of eggs, peasants); casual employment (house helps); or day workers. The day worker group represents an unemployed group. In Burunga ward (the rural setting) the main category of occupation is peasant, with a few primary school teachers. A greater variety of occupations was found in the urban setting of Kitunda ward.

Table 1: Gender Distribution of Respondents/Participants (N = 140)

Location	Youths (N=103)				Adults (N=37)			
	Male		Female		Male		Female	
	N	%	N	%	N	%	N	%
Burunga Ward	25	17.9	9	6.4	8	5.7	8	5.7
Kitunda Ward	38	27.1	31	22.1	10	7.2	11	7.9
Total	**63**	**45**	**40**	**28.6**	**18**	**12.8**	**19**	**13.6**

Table 2: Socio-economic Characteristics of the Sample

	Youths (N=103)		Adults (N=37)	
Age (in years)	Frequency	Percentage	Frequency	Percentage
15—17	27	19.3	-	-
18—20	31	22.1	-	-
21—24	36	25.7	-	-
25—30	09	6.4	-	-
30+	-	-	37	26.4
Level of education				
No formal education	13	9.3	-	-
Primary (not completed)	29	20.7	-	-
Primary (completed)	48	34.3	24	17.1
Secondary education	09	6.4	09	6.4
Tertiary education	04	2.9	04	2.9
Occupation				
Poultry keeping	05	3.6	14	10
Peasant	16	11.4	10	7.1
Teacher	07	5	11	7.9
Buying and selling eggs	27	19.3	02	1.4
House servants (house-boys)	10	7.1	-	-
House keepers (house-girls)	11	7.9	-	-
Day works (miscellaneous)	27	19.3	-	-

Knowledge about HIV/AIDS

Generally, youths in Tanzania have some knowledge about HIV/AIDS transmission and prevention methods. There are three main sources from which youths obtain this information. These are, first, the mass media, such as radio, television, internet and newspapers; second, adults (parents, guardians, brothers, sisters, relatives); and third, other youths such as friends, schoolmates, and siblings. The first source here is referred to as the modern method, while the other two are a mixture of both modern and local methods.

Messages about HIV/AIDS

For a message to be delivered three aspects are important: the communicator, the medium and the audience. The communicator is the person delivering the information, also referred to as sources of information under local systems. The medium is the means through which the message reaches the intended beneficiary, also referred to as sources of information under modern systems. The audience is the intended beneficiary of the information.

Communicator

Communicators play an important role in decisions whether to accept or reject a message. When audience attribute the messages to communicators whom they consider credible, the information in the messages is much more likely to prove acceptable, and more attitude change may be expected. But if the audience negatively perceives the character of the communicator, the message will not be properly heard and hence not properly consumed. In Tanzania, under both modern and local knowledge dissemination systems the main communicators of HIV/AIDS messages are young adults and adults. Under local systems alone communicators try to use the language acceptable to the targeted audience. For modern systems linguistic diversity makes this process difficult given the wider audiences targeted. It was observed, for instance, that some people are forced to terminate conversation, switching off the medium, such as radio or television, simply because the communicators' language and characters do not meet the socio-cultural standards of their society. For instance, there is a television commentary where two young adults — a man and a woman — touch each other and a man says 'I love you' a woman replies 'if you love me will you protect me?' The man replies 'why not?', and a woman shows him a condom and says 'if you mean it take this and make it part of our relationship'. While the conversation conveys a clear message on the importance of condoms in HIV/AIDS prevention, the process of delivering it, such as touching and hugging openly between a man and a woman, is against the Tanzanian culture, particularly when the audience comprises both adults and youths.

Medium

The main media for the delivery of messages about HIV/AIDS in Tanzania include television, radio, newspaper, leaflets and one-to-one conversation, such as between friends, parents and children and a presenter and audience at meetings. These sources can be categorised into two major groups based on dissemination systems. The first group consists of modern systems — television, radio, newspaper, leaflets and conversation in conferences. The second group is based on local systems — one-to-one conversation between friends, parents and children, and adults and youths. The one delivering information under local systems may have received it through modern systems.

Peer Educators

Non-governmental organisations (NGOs) have been training peer educators who then educate people, mainly youths, in their residential areas and working places. Peer educators comprise both young men and women. It was clear from the data that the character of peer educators (dress, language and sexual behaviour) influence the messages conveyed to youths. Youths involved in this study reported that they have rejected peer educators because of their misconduct in the process of imparting HIV/AIDS knowledge. Some peer educators have established sexual relationships with youths. Two cases were reported: one a male peer educator who impregnated his fellow female educator before marriage, and another one a male peer educator who impregnated a secondary school girl, for which he was jailed for 30 years.

Feedback Effects

Knowledge is effectively imparted when aided by feedback effects — reactions from the members of the audience to the communicator or to other members of the audience. With respect to modern systems, it was reported that there are no programmes or mechanisms in Tanzania by which members of the audience, particularly youths, can react to the messages delivered. For local systems, there is the opportunity of asking questions, but some youths hesitate to ask for fear that their parents may think that they have already engaged in unsafe sex. However, when female youths are with female adults and male youths with male adults, most youths reported that they felt freer to discuss issues related to sexuality.

Modern Methods of Disseminating HIV/AIDS Knowledge

The main modern methods of disseminating knowledge about HIV/AIDS to the youths and the public in Tanzania are through mass media, such as television, radio and newspapers, and using peer educators who visit people in their residential areas or work places. There are several radio and television programmes and commentaries on HIV/AIDS, which range from prevention methods to caring for the victims of HIV/AIDS. All the youths interviewed and those who participated in focus group discussions indicated that they have heard or watched programmes and commentaries on HIV/AIDS on radio and television. Most of the respondents indicated that they watch television or listen to the radio during the night when they are home. However, out of 103 youths that participated in the research only nine (8.7 percent), all of them living at Kitunda, own televisions, while 30 (29.1 percent) of which only four (3.9 percent) live at

Burunga Ward, own radios. Here, ownership of a television or radio is understood as either family or personal possession. For the adults 16 (43.2 percent), all living at Kitunda, own television and 29 (78.4 percent) own radios, of which eleven (30 percent) live in Burunga ward (Table 3). Although the majority of the rural population (Burunga ward in this case) are too poor to purchase televisions, there is also the problem that the district has no electricity. Given the high price of oil, few can manage to run generators.

Table 3: Possession of Television and Radio
(N = 103 for Youths and 37 for Adults)

Location	Youths				Adults			
	Television		Radio		Television		Radio	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Burunga ward	-	-	4	3.9	-	-	11	30
Kitunda ward	9	7.9	26	25.2	16	43.2	18	48.6

Those who do not possess their own televisions or radios watch television and listen to the radio at their friends' homes, private television show rooms (PTSRs, known in Kitunda as Makuti rooms[3]) and in the pubs. The programmes available in PTSRs and pubs are determined by the owner or someone acting on their behalf. For a movie one must pay 50Tshs, equivalent to five US cents, and 100Tshs, equivalent to ten US cents, for watching a football match. Also, one must have the money to get into the PTSR, or to buy a bottle of soda to sit in a pub. Thus, the type of programme determines the number of entrants in the PTSRs and pubs, and hence the amount of money for the television owner. The PTSRs are mainly dominated by youths and they prefer sports, movies and music programmes. The owner of one of the PTSRs in Kitunda indicated that he gets more money when there are football matches. It was clear that there is no great demand for HIV/AIDS programmes in the PTSRs and pubs. However, HIV/AIDS commentaries which precede football and music programmes will be watched by youths in PTSRs and pubs. Watching or listening to HIV/AIDS programmes in the PTSRs or pubs negatively affects the message delivered. The audiences are of different age groups and gender and it is therefore difficult for there to be a common language and practice acceptable to all. For example, it was observed that when a man and a woman participate together to demonstrate the role of condoms in HIV/AIDS prevention, most adults ordered the owner of the medium either to switch it off or change the channel, as they regarded the programme as contrary to their culture.

Youths' Perceptions Towards Modern Methods of Disseminating HIV/AIDS Knowledge

Youths have both positive and negative perceptions on the effectiveness of mass media as a method of disseminating HIV/AIDS knowledge. On the positive side, youths indicated that mass media have enabled them to acquire knowledge about HIV/AIDS prevention methods. Furthermore, mass media as a source of information have enabled youths in Tanzania to understand what is happening elsewhere in the world. However, they indicated that due to economic hardship it is difficult for them to buy the sources and listen to or watch them at their convenience. They also indicated that misconduct or the low reputation of communicators reduced trust in the knowledge delivered. Respondents also state that the youth is on the periphery as far as modern methods of disseminating HIV/AIDS knowledge are concerned. The attitudes and perceptions of the youth are not really incorporated in the programmes.

Local Methods of Disseminating HIV/AIDS Knowledge

Adults over the age of 35 usually are the ones who undertake the role of imparting knowledge to youths, including information on sexuality through story telling. The process of imparting knowledge is gendered, that is, male adults and young adults imparting knowledge to male youths and female elders and adults impart knowledge to female youths. The systems of imparting knowledge are based on taboos, codes of conduct, norms and traditions of the society. For example, adults will draw the moral of their story in such a way as to encourage abstention — mainly for girls; avoidance of idleness; and early marriage for males.

While in urban areas such as Dar es Salaam City individual families are responsible for teaching youth and children, in most rural areas, such as Serengeti district, this task vested in elders and other adults. For instance, in Burunga ward, young men between 15 and 20 years old leave their homesteads and live in a separate place called 'youth villages' with male adults who teach them the societal norms and taboos. On the other hand, female youths remain in their parents' homesteads, living in special local houses where only female adults aged 40 and above are allowed to visit and teach them. They are taught on the dos and don'ts of their society, particularly on the importance of retaining their virginity until they marry. The teaching in the 'youth villages' and special houses takes place twice a year during school holidays.

Apart from these special programmes in the rural areas, elders and adults impart knowledge to their youngsters during the evening when everyone is at home. In urban areas, Dar es Salaam in this case, both men and women may sit

together when imparting knowledge. Some youths, especially in Kitunda, indicated that they had had no opportunity to learn from their parents because the latter had died when their children were under ten. In addition, some parents shy away from teaching their children about sexuality, and if they do so, they wait until they are drunk — a situation described by youths as limiting the scope of understanding.

Youths' Perceptions Towards Local Knowledge Systems of Disseminating HIV/AIDS Knowledge

Information about HIV/AIDS disseminated to the youths by adult communicators may have an uncertain reception. Although youths indicated that the system is good as it takes into account the social organisations of society, they try to compare what is taught and what adults actually do in relation to fighting the spread of HIV/AIDS. As one youth commented in one of the focus group discussions at Kitunda:

> adults are telling us to abstain but at the same time they (adults) are having sex with girls of our age group. We are told to listen to adults' words and not to follow their practices.

Such a situation is not likely to make any impact on youths' attitudes and behaviour regarding proper sexual conduct.

Modern Methods of HIV/AIDS Prevention

Youths in Tanzania are aware of the main modern methods of HIV/AIDS prevention, the so-called ABC approach: abstinence, fidelity to one trusted partner, and consistent condom use. Youths indicated however that although not consistently used, condom use is the most common HIV/AIDS prevention method applied. The problem associated with this method however is that one has to buy condoms. Since impoverished youths make up a significant proportion of the unemployed population, some are unable to purchase them.

Local Methods of HIV/AIDS Prevention

The local methods of HIV/AIDS prevention identified are abstinence (mainly insisted on for girls), the avoidance of idleness, and early marriage (mainly insisted for boys) in order to avoid multiple partners. In the rural areas both youths and adults indicated that these are the best methods to prevent HIV/AIDS, but in urban areas youths rejected some of these methods, particularly early marriage, and considered them outdated. However, girls in both Kitunda and Burunga wards indicated that abstinence is the best way of avoiding HIV infection.

Youths and HIV/AIDS Programmes and Policies

With the first case of HIV/AIDS reported in 1983 in Kagera region, which borders Uganda (Fothal et al., 1996), and despite the subsequent increase of HIV/AIDS cases, the Tanzanian government was slow in formulating a policy regarding the efforts undertaken to fight the spread of the pandemic, and one only appeared in 2001 (URT 2001). Again, despite the fact that this HIV/AIDS policy contains a special focus on youth, most HIV/AIDS programmes have not involved youth in the design stages. Youths indicated that they are normally asked to participate in implementing programmes designed by adults. This leaves youths — the most vulnerable group[4] — on the periphery of policy formulation.

Discussion

Knowledge Systems and Youths' Changing Behaviour Regarding HIV/AIDS

We have examined two systems of disseminating knowledge about HIV/AIDS in Tanzania — modern and local knowledge systems. The analysis of these systems based on the data obtained from the field, and from published and unpublished works, indicates that none of them is very effective by itself in imparting HIV/AIDS knowledge to Tanzanians, particularly to the high-risk group of population such as youths. Youths trust neither the people delivering information nor messages delivered. One of the main reasons given was that youths are not involved in designing the programmes to disseminate HIV/AIDS information, which thus hardly take into account the needs of youths. Although a study conducted in Tanzania (UNICEF 1999) shows that all Tanzanian media — television, radio, newspapers — include stories and commentaries on HIV/AIDS, the change of behaviour among the vulnerable population has been insignificant. Few are ready either to abstain or use condoms consistently.

The findings from this study indicate that youths are aware of the ways in which knowledge about HIV/AIDS is disseminated, and they are aware of methods employed in preventing infection. This finding is contrary to that in one study that concluded that less than 37 percent of youths in Tanzania know the three ways of avoiding HIV infection — abstention, fidelity to one partner, and consistent and correct condom use (URT 2003a). However, illiteracy and the lack of income to purchase the sources of information have negatively affected HIV/AIDS knowledge dissemination, particularly through modern systems. This is among the effects of structural adjustment programmes (SAPs), which

introduced user fees in social services such as education. Adults also seem to be an obstacle for youths to receive HIV/AIDS information from modern systems. Since adults possess the medium in which information is disseminated, they tend to select the programmes to be watched without regard to the youths' needs or wishes. Adults prefer programmes in a specific language, and may switch off programmes in other languages regardless of whether the language is appropriate to youths or not. Local systems could be the most effective, but many urban youths do not trust them either. They argue that their elders do not have up-to-date and adequate information. However, in the rural areas local systems seem to be effective.

Gender Roles in Knowledge Dissemination

Given gender differences in responsibility for both reproductive and productive tasks the possibility of gender-based differences in vulnerabilities to HIV/AIDS might be expected. The gender-based differences in HIV/AIDS infections can be explained in several contexts. Among these are the existing socio-cultural settings in African societies and the differences in accessing knowledge about HIV/AIDS. The findings reveal for instance that in Tanzania there is more illiteracy among women than men and that awareness about condom use is lower among female youths as compared to male youths. A study conducted in Tanzania (URT 2003a) reveals that about 50 percent of admissions in hospitals due to abortion-related complications are comprised of youths aged between 15 and 24, which indicates that youths are practising unsafe sex.

Most programmes and commentaries on HIV/AIDS prevention in the media in Tanzania have placed much emphasis on the roles of girls in either resisting the sexual advances of men or insisting on the use of condoms. However, youths, both male and female, indicate that girls have less power in making decisions on the use of condoms. They further argue that girls have been insisting on the use of condoms mainly to prevent pregnancies. Despite the prominent role of female youths in HIV/AIDS prevention, there are no specific programmes to disseminate knowledge that target or involve them from the first stage of programme design. Instead youths, especially female, are portrayed as weak and unable to make an appropriate contribution in the decision making process. It is therefore important for communicators to involve actively youths in programme design and give both males and females equal roles in insisting on abstinence and practising safe sex. Such programme designs need to include both modern and local systems in order to cater for socio-cultural issues which might affect the acceptance of the programmes.

The Interface Between Modern and Local Knowledge Dissemination Systems

Both modern and local knowledge systems have significant contemporary roles to play in HIV/AIDS knowledge dissemination in Tanzania, particularly to youths. Already there are links between these systems, as some adults communicators report that they receive information through modern systems and impart them to the youths in local fashion. The National Policy on HIV/AIDS in Tanzania also incorporates the need to link modern and local systems: 'Customary practices and cultural institutions that provide opportunities for public awareness shall be utilised' (URT 2001:17).

However, the mechanisms to mediate the two systems are not yet clear. There is therefore a need to develop a common set of definitions, a common language, and common content for programmes to so that they are adapted to both modern and local knowledge systems. To achieve this aim, programme designers from both systems should sit together and define socio-cultural parameters to be included in HIV/AIDS knowledge dissemination programmes. There should be consensus between members representing each system. Members in each group should be from different social backgrounds, such as young men and women. This calls for a bottom-up participation approach.

Conclusion

This paper demonstrates that majority of the youths in Tanzania know of the problem of HIV/AIDS, including the preventive measures. What they do not know is how to address the problem properly. Youths lack a forum in which to express their perceptions and feelings. They only give opinions on the ideas imposed by adults and have little power to influence any decision. The methods employed in HIV/AIDS knowledge dissemination, whether based on modern or local approaches, do not give youths an opportunity effectively to participate in their design and implementation. However, it is clear that youths and adults have different attitudes, opinions, perceptions and responses to these programmes, which make it necessary for both groups to be involved. The participation of the youth in these programmes has however been undermined by widespread illiteracy, which is mostly a function of the introduction of school fees during the implementation of structural adjustment policies after a period when primary education had been a free service in Tanzania. Employing local systems, and utilising local languages, can reduce the problem of illiteracy. There is, therefore, a need for policy makers and planners in different social development projects including those against HIV/AIDS to understand the context in which groups such as the youth come to maturity and engage as adults in society.

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Notes

1. 'Youth' in this paper refers to people aged between 15 and 25.
2. Vijiwe are places where people, particularly youths, meet for informal discussion. Adults and government leaders regard these places as sources of criminal conduct, particularly for petty drug trafficking.
3. PTSRs are called Makuti rooms because they are constructed using coconut tree leaves — makuti in Swahili.
4. In 2002 it was estimated that over two million people (about 5.9 percent of the total population) were living with HIV/AIDS in Tanzania, of which 15.2 percent were youths aged 15 to 24, and 70.5 percent were young adults aged between 25 and 49 (URT, 2001; 2002a). Among the new infections, 69 percent are in the 15-24 age bracket with slightly more than half of these among girls (URT, 2003).

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