



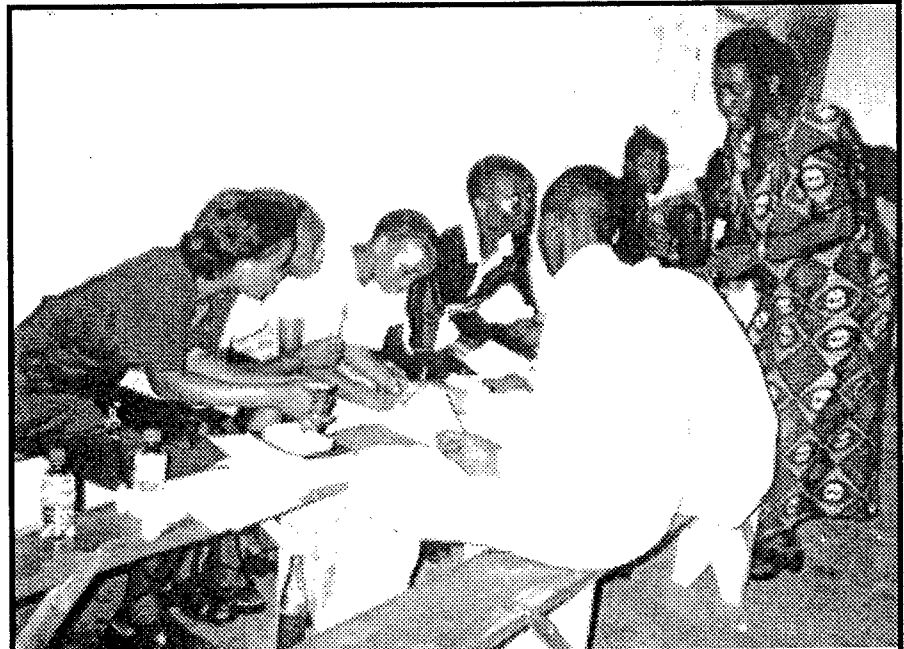
Community education on STIs

From the Publisher

Welcome to the Tanzania Sexually Transmitted Infections (STIs) Newsletter. This is the first issue of the newsletter which will be published quarterly by the National AIDS Control Programme, Ministry of Health.

This is a special newsletter on STIs targeting the community. It comes at a time when the concern of many people, professionals and non professionals alike, has shifted from classical sexually transmitted diseases, although an older phenomena, to HIV.

As a result many community members, especially young people in the rural and urban areas do not know much about the classical STIs, their symptoms nor the complications they cause. Many STIs, although they are curable, remain untreated or are not treated effectively, and in turn facilitate easy HIV transmission, along



Education on STIs, especially for young people, must remain a priority.

with many health and social-economic consequences. This therefore dictates that community education on STIs as a whole must remain a priority.

The Tanzania STIs Newsletter will focus on communities; complementing the work of health educators, peer educators, and other partners involved in the management of STIs at the community level.

The objectives of the Newsletter are:

- Increasing knowledge about STIs and their complications in communities.
- Deepen understanding of behavioral and socio-cultural aspects of different population groups that contribute to the spread of STIs.
- Increase understanding of different aspects of STI care including confidentiality, quality of care, partner notification, care seeking, condoms and STI drugs.
- Encourage primary health care workers to provide user friendly services.
- Provide an avenue for the public to ask questions and get answers.
- Disseminate best practices in STIs care and management.

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Please read on.....

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IN THIS ISSUE

What are sexually transmitted infections?
 How do they spread?
 How can they be prevented?

What are Sexually Transmitted Infections?

Sexually Transmitted infections, (STIs), are infections transmitted through sexual intercourse with a person who is already infected with one or more of such infections.

There are many types of sexually transmitted infections. The most common STIs in Tanzania are Gonorrhoea, syphilis, chancroid, chlamydia, trichomoniasis, and HIV/AIDS. Apart from HIV/AIDS, and other viral diseases, all the other STIs usually are treatable and curable.

STIs including HIV are mainly transmitted through unprotected sexual intercourse. Other modes of transmission include:

- Mother to child transmission during pregnancy, delivery or after birth during breast feeding.
- Unsafe blood transmission.

Some persons infected with STIs show symptoms but others do not. However, the most common symptoms are:

- discharge of pus from the penis or vagina;
- abnormal discharge of fluids with a foul smell from the penis or vagina;
- itching in or around the genitalia;
- painful urination;
- painful swelling of the scrotum and lymph nodes;
- lower abdominal pain accompanied with fever;
- ulcers or sores around the penis or vagina, and other parts of the body; and
- generalised body or skin rash.

STIs symptoms appearance depend on the type of infection and sex of the infected person. For example, signs of Gonorrhoea take two to three days to appear among infected men. Among women, the symptoms may take more than a month to emerge because of biological, physiological and anatomical factors.

Nonetheless, like HIV, a person may have one STI or more without showing any symptoms and signs; but could infect others through unprotected sex. This emphasises the importance of consistent and correct condom use for protection against all STIs.

A laboratory test however can show whether one is infected or not.

Delayed treatment of STIs results in many complications such as:

- infertility in both men and women;
- fertilisation may take place in the fallopian tubes (ie ectopic pregnancy), resulting in rupture of the tubes and ultimately death if not attended to;
- premature delivery, abortions and stillbirths;
- children may be born with eye infections a situation which may result into permanent blindness;
- urethral stricture in men; and
- heart diseases.

Partner notification and early treatment of sexual partners infected with STIs is regarded as one of the major strategies in the control of STIs and their adverse impacts. Although most STIs can be effectively treated at health facilities with established STI services through out the country, early treatment seeking behaviour is still a problem.

Besides delayed treatment, some of the problems which contribute to STIs complications include misdiagnosis, poor partner notification, poor compliance, and dependence on traditional healers as first line of treatment.

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Community Education on STIs

The early treatment and cure of STIs, however does not make one immune to repeated infections or any other infection including HIV. Thus, behavioral patterns that increase the risk of STIs along with other determining factors including gender, adolescence and poverty will be addressed through the Newsletter.

Suggestions from readers on the newsletter as a whole, especially during these initial stages, will help to make the Tanzanian STIs Newsletter more reader friendly, and an effective education media in the fight against STIs.



Dr. Mwita Nyang'anyi, Editorial Adviser

You can easily get an STI

But detecting and even treating it may not be so easy.

That is why many people avoid unsafe sex by:

- *Abstaining from sex altogether.*
- *Exercising fidelity in marriage or with one safe partner.*
- *Adherence to condom use.*

What is your choice from the above?

Current status of STIs Control in Tanzania

Sexually Transmitted Infections (STIs) are prevalent in many developing countries including Tanzania. They are more prevalent in countries that have inadequate health services, scarce skilled staff, and few or limited laboratory facilities.

Data on STIs in Tanzania is still incomplete and support for STI control does not cover the whole country. It is more developed in 12 regions, and in these regions the number of reported cases has increased. This number is expected to increase to over 400,000 in the year 2002 as more services are made available to the public and more regions are receiving support. According to the Ministry of Health, between 10-20% of the sexually active population contract STIs each year.

STI prevalence is particularly high among sex workers and other people living in high transmission areas including towns and business centres along the major highways, mining centres and fishing villages. In such areas, for example, infection rate ranges up to 27% among females.

Surveillance by the National AIDS Control Programme indicates that for the year 2000, the age group 20-29 years had the highest prevalence of STIs compared to other age categories. Vaginal discharge syndrome (VDS) and urethral discharge syndrome (UDS), including Gonorrhoea, Chlamydia, Candidiasis, Trichomoniasis and others were the most prevalent syndromes. Data is generally indicative of the high vulnerability of young people to STIs including HIV.

There are many adverse impacts of STIs, ranging from serious health complications to socio-economic hardships. STIs including HIV/AIDS aggravate the socio-economic difficulties facing the country by increasing the cost of health services especially drugs, loss of productivity as a result of morbidity due to STIs, and undermining other development programmes. In the health sector, the programmes which mainly deal with STIs are:

- HIV/AIDS/STIs Control Programme.
- Mother and Child Health Programme especially antenatal care.
- Child Survival and Development Programme.
- Family Planning Programme.

At the social level, stigma and discrimination associated with STIs are also high and make HIV/AIDS/STIs control in the country difficult. In many areas, STIs are still considered 'secret or shameful diseases'.

Research findings indicate that there is some public awareness of STIs and associated complications in the country. However, knowledge on STIs was found to be fragmented and needs to be improved.

Specific response to the control of curable STI in Tanzania has been gradual and involved several interventions, including the Ministry of Health adopting the syndromic approach to STIs management as a national policy in 1994.

In 1989, STIs control began in Mbeya region as part of a more comprehensive AIDS Control Project with German

Technical Cooperation (GTZ) Support. This has become part of GTZ programme support in the country and includes reproductive health and district support planned to cover 4 more regions, including Mtwara, Lindi and Tanga.

European Union (EU) support for STIs Control was also initiated in 1989 in a number of selected clinics countrywide. After the encouraging results of the reknown Mwanza trial on the relationship between STI control and HIV transmission, EU support for STI control was extended at regional level to 12 regions. These regions are Mwanza, Shinyanga, Mara, Kigoma and Lindi. The others are Iringa, Mbeya, Dar es Salaam, Morogoro, Arusha, Tanga and Dodoma.

STI services have also been initiated in Mtwara and Rukwa regions under WHO/Italian Initiative on AIDS in Africa. Similarly, STI support activities have been extended to Singida, Tabora and Kagera regions through World Bank Health Sector Development Programme (HSDP) funding. STI activities for Ruvuma and Kilimanjaro regions are expected to start towards the end of 2002 under Belgian support. However, coverage of health institutions within many regions is limited and suffers from problems related to quality of services, drug supplies, supervision and community involvement.

Supervision of STIs Control at regional level is the responsibility of the Regional Medical Office, with support of an experienced NGO in most regions. For example, AMREF supports implementation in six regions: Mwanza, Shinyanga, Mara, Kigoma, Morogoro and Arusha regions. Dodoma region is supported by *Centro Mondialita Sviluppo Reciproco* (CMSR) while Iringa is supported by International College for Health Cooperation (CUAMM), Italy. GTZ extends support to Mbeya, Tanga, Mtwara and Lindi region in cooperation with DED. The Dar es Salaam Urban Health Project (DUHP) coordinates technical support for primary health care in Ilala, Kinondoni and Temeke Municipalities in Dar es Salaam Region. Coast region is supported by *Medicos do Mundo* (MDM) Spain.

Although STIs control has expanded rapidly in Tanzania during the last 6 years, and control efforts of different magnitudes are underway, there are still many problems and challenges that need to be addressed.

More effort at national level is needed in:

- reaching out to the majority in the population through information and education strategies;
- training of health workers in STIs management;
- training of peer educators and community workers-NGO field workers, and village health workers; and
- ensuring a regular supply of STI drugs and services at dispensaries and health centres.

Equally important is the demand for STI services to address the needs of young people - the biggest and most vulnerable group.

Except HIV/AIDS, most classical STIs can be treated and cured. There are adequate STI drugs in the country procured through government, donors and the private sector. Patients, along with their sexual partners, are therefore encouraged to go to government or private health facilities where appropriate treatment can be provided.

This article is based on a report titled 'the situation analysis of STD prevention and control in Tanzania', prepared by the STD Unit, National AIDS Control Programme

Some socio-cultural factors that contribute to the spread of STIs in Tanzania

Identifying and challenging dangerous cultural beliefs and practices can give impetus to the fight against STIs.

Some of the factors which contribute to the spread of STIs in Tanzania are associated with cultural and traditional practices.

The culture of male dominance

This is a socio-cultural superstructure of beliefs and practices in which men and boys are given an upper hand over girls and women on all important issues in society, including sex. This system, much as it subjugates the female gender, also indirectly endangers both boys and men.

In our societies, male assumptions about gender roles and fear of humiliation or ridicule can make boys and men vulnerable to STIs by:

- encouraging them to engage in sex early and with many sexual partners.
- engaging in sexual risks and reckless behaviour like rape, drug abuse, unsafe sex and violence, to prove that they are 'real men.'
- regarding girls negatively as an element for the fulfillment of male sexuality.
- discouraging them from using health services or seeking help.
- assuming that men do not have sex with other men, and therefore not addressing the associated risks, for example among male inmates (prisoners), and through education strategies.

Other practices which were seen to be harmless in the past are now potentially dangerous. For example; some traditional music styles and beliefs are now known to encourage unsafe sex. They include:

Nude or naked dancing

The person who performs the dance, usually a woman, jumps into the arena lifting up her clothes, or stripping herself naked at the height of excitement. This comes late in the night when more or less everyone is drunk. This type of dance at the height of drunkenness is inflammatory and encourages people to engage in unsafe sex under the influence of alcohol.

Chagulaga

In this day time Sukuma dance, male youths are expected to chase the girls and 'capture' them. Although the intention of the 'capture' is to get a girl to marry, this can lead to rape and unsafe sex as a whole.

Oloip and Osoto

These are youth dances whereby young Masai virgins are allowed to go away from home accompanied by Masai youths (Morani) to dance. The circumstances in which these dances are held are risky as the dances are performed far away from home. It has been reported that sometimes these dances encourage systematic rape.

'Three firestones'

This message, usually given to young girls during their initiation, exhorts them not to depend on one man alone, but at least three! It is based on the traditional cooking pot which can not balance on only one firestone. Apart from sending a very dangerous message to young people, it gives the impression that a house wife needs not depend on the husband alone for sex. In essence, the exhortation encourages multiple sexual partners with all its attendant STI risks.



'Planting a spear'

Practiced, among pastoral people including the Masai, the custom enables a man who visits a friend and does not find him at home to be entertained by the host's wife with food and sex if so desired. Thus when the friend comes back home and finds a spear planted outside his hut, it is a sign that a good friend has come and is being entertained.

This custom gives a lot of freedom for Masai men to engage in sex with multiple partners including the wives of their peers. The same custom also adds on to Masai women the obligation to engage in sex with multiple partners in their husbands' peer groups.

In this era of HIV/AIDS, this custom is very dangerous to the Masai tribe and society as a whole. Changes in Masai socio-economic life styles, whereby some of them are migrating to urban areas for business or employment; and reports that some Masai men engage in sexual relations with non Masai women, imply that the Masai is no longer a closed community.

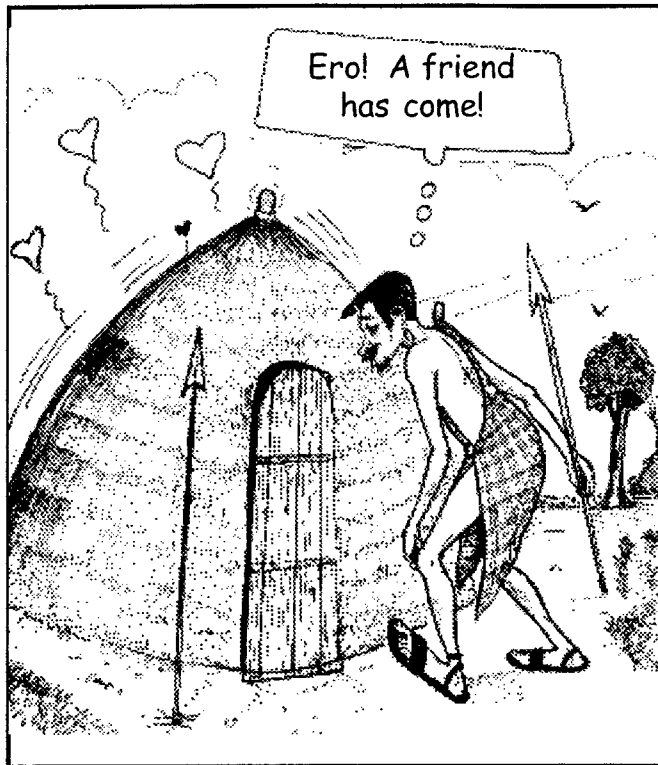
Widow inheritance

The practice, which in the past was common in most communities, now seems to be on decline as a result of increased education and information campaigns by government and NGOs. Some educated widowed women these days refuse to be inherited.

However, reports by the Tanzania Womens' Media Association, TAMWA, that widows are still being inherited, particularly in Mara region, implies that more effort at community level is needed to sustain the campaigns.

Wife cleansing

According to this custom, a woman who has just lost a husband is expected to go through a cleansing ritual before she can begin a new life. The cleansing ritual which involves having sexual intercourse with a man from the same or neighbouring village is meant to rid her of bad omen associated with the demise of her husband. This ritual is extremely dangerous, again considering the high prevalence of STIs including HIV in the country.



Casual marriages

Due to the circumstances under which casual marriages are concluded, most such marriages do not last. Usually the marriages are abruptly reached or sometimes non consensual, forcing two non intimate people to live together as man and wife. This may have implications on faithfulness between the partners, with either side likely to engage in extra marital sexual relationships, thus increasing the danger of STI transmission.

Limitations within the traditional youth initiation processes

Known generally as *unyago* for girls and *jando* for boys, these initiation processes are aimed at preparing the young people to cope with adult responsibilities including their sexuality.

However, the well intentioned initiation procedures, in this era of HIV/AIDS have been found to be deficient, and in some aspects very dangerous to the health of the young people.

- adolescents are taught about their sexuality without an accompanying life skills education for protection against STIs and other reproductive health problems.
- Some of the tools used, for example in circumcision or tattooing, are unsafe and can result in HIV transmission.
- Female genital mutilation is still being carried out among some tribes as part of female initiation ceremonies.
- The traditional initiation rites are still based on the ideology of male dominance and do not serve to enhance gender balance.

Alcoholism

The habit of alcoholism is widespread in many countries including Tanzania. Hardly a social function passes without alcohol consumption of different magnitudes. Besides contributing to unsafe sex and violence, drunkenness results in many other family and social problems.

On the whole, practices and traditions which no longer serve a useful purpose, including those which endanger life, and encourage STI transmission, need to be identified, modified or discarded.

Thanks to Lucy Mlazi. Part of the information for this article was obtained through interviews with the Director of the Legal and Human Rights Centre, and Mr. Edward Mollé, Social Welfare Officer, Kilosa District.

The IDC clinic - an STI clinic in Dar es Salaam

The Infectious Diseases Centre (IDC) situated on Sokoine drive, opposite the Central Railway Station runs an efficient STI clinic.

The IDC provides various services including:

- diagnosis and treatment of STIs;
- treatment of genital tract infections;
- voluntary HIV counselling and testing;
- counselling and education on reproductive health;
- training of health workers; and
- conducting relevant researches in the above areas.

According to the Medical Officer in Charge of IDC, Dr. Guerino Chalamila, the number of clients using the centre's services has been increasing gradually. On average, 50 clients attended clinic daily in 2001. This has increased to an estimated daily average of 70 clients for the year 2002.

Dr. Chalamila attributes this increase to a number of factors including increased awareness among Dar es Salaam residents of the services offered at the centre, and a probable change in people's attitudes towards early treatment seeking behaviours.

But it may also imply increasing prevalence of STIs especially among

young people including students who engage in unprotected sex.

A special youth clinic at IDC caters for young people under the age of 24 years. The services are available from Monday to Friday between 3.00 pm and 6 pm in the evening. Services on Saturday start at 9.00 am until noon. The range of services provided include counselling, reproductive health education, family planning services,



and treatment of STIs. IDC also provides referral services to collaborating institutions including Muhimbili National Hospital.

Clients attending IDC come as individuals but others with their partners. The age range is between 16-40 years. According to Dr. Chalamila, there is notable

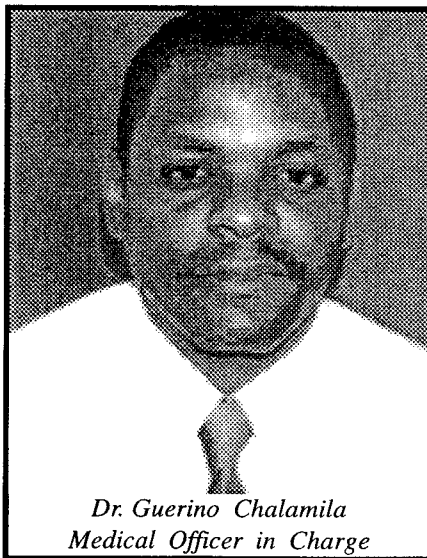
improvement and expansion in the services offered, which now include reproductive health services targeting the young people. Several studies and researches conducted so far with the centre's participation have raised its profile in the management and control of STI as a whole.

However, IDC which started in 1993 as a referral facility for STIs suffers from an ownership identity. While the Ilala Municipal Council is responsible for staff employment, the Ministry of Health, through the National AIDS Control Programme, is responsible for STI drugs support. Muhimbili National Hospital provides technical and other referral services. With the apparent

lack of clarity over institutional or ministerial ownership, sustainability of important services, can not be guaranteed.

Besides the general operational problems other problems include long working hours (12 hours), lack of incentives and heavy workload which make workers susceptible to the 'burnout' syndrome.

Dr. Chalamila urges government, health workers and NGOs to strengthen networking on STI management and control, and take services close to the communities. Accordingly, the move to start STIs clinics in Tandale, Mbagala Kizuiani, and Vingunguti, in the suburbs of Dar es Salaam, are a step in the right direction.



*Dr. Guerino Chalamila
Medical Officer in Charge*

INFECTIOUS DISEASES CENTRE (IDC)

Location

Sokoine Road, Police Traffic and Central Police Station Area, opposite the Central Railway Station,

Address

P.O. Box 10011,
Dar es Salaam.
Tel: 2137540
e-mail: idc@muchs.ac.tz

Work Hours

Adults:

Monday - Friday
8.00am to 3.00pm

Youth under 24 years

Monday to Friday
3.00pm to 6.00pm

Saturday

9.00am - 12.00 pm