

Perceived Risk of Contracting HIV/AIDS; Chagga Wives Living in Separately from their Husbands; Rural Tanzania^{iv}

Perry M Cyril^{1*}, Eleanor Holroyd², Agnes C Msoka³

¹Department of Social Scientists, Kilimanjaro Clinical Research Institute, Moshi, Tanzania; ²Department of Research School of Clinical Sciences, Auckland University of Technology, Auckland, New Zealand; ³Department of Clinical Research, Kilimanjaro Clinical Research Institute, Moshi, Tanzania

ABSTRACT

Objective: To explore the experience of tribal wives who live in separate locations from their husband's and their perceptions of HIV risk in Moshi rural, Tanzania

Methods: Qualitative descriptive approach was used, drawing on female spouses who were purposively sampled by ages and socio-economic characteristics. Ten homogenous focus group discussions were conducted with a total population of 60 female spouses. The data were analyzed within and across the focus groups using thematic analysis.

Results: These wives' occupations included home wives, small scale farmers, and entrepreneurs, were being mostly Christians, with a primary school level of educational completion. The data is grouped under two major themes; reasons for and effect of living far apart and perceptions of HIV risks. Sub-themes were; married but the husbands' career means we live far apart, wife left in the village taking care of children, elderly, and coffee farms, male spouses lacked the feeling of being settled in the rural area, frequent visits "saved couples" living separately, drivers of long safari trucks prone to HIV transmission, lack of trust in the sexual safety of their marriage.

Conclusion: Employment demands of their husband's occupation were the main reasons that caused these wives to live separately from their husbands. However, these relocations were seen to increase these wives' perceptions of their risk of contracting HIV infection. This was seen as attributed to promoting more opportunities for husbands to engage in extramarital relationships, and so break down trust in their marriages and offer little protection from HIV.

It is recommended that government policies enable married couples to work together in the same location by providing employment subsidies and subsidized family housing to promote family unity. Moreover, the Tanzanian Ministry of Education should collaborate with the Ministry of Culture to address specific tribal beliefs about Chagga men's imperatives for occupational mobility and long-distance marriage relationships

Keywords: Perceived; Risks; HIV

INTRODUCTION

Separation concerning marital bonds is a term used to refer to a situation in which married couples live apart, whether temporarily or permanently. Several predominately economic drivers inform temporary separation decisions, these include seeking better employment prospects, educational opportunities, and ultimately a better standard of living for families [1].

Globally an increasing number of families are nuclear with migration and mobility resulting in household fragmentation, with one spouse, commonly the husband, living far away from his wife and family home [2]. The act of living apart while married is commonly known as commuter marriages, practiced

by dual-career couples [3]. These are the couples who are both working to advance their prospective careers and their families' standards of living and actively, choose or need to live in their respective places of employment. However, couples living in separate households have been shown to pose considerable health and social threats to all members of the family due to uncertainties around health safety and stress proliferation [4]. Men living apart from their wives and families constitute social drivers which are vectors of HIV infection and associated poverty, low literacy, gender inequality, at risky sexual behaviour practices (e.g. The number of lifetime and concurrent sexual partners) and health system factors (e.g. Limited access to HIV

Correspondence to: Cyril PM, Department of Social Scientists, Kilimanjaro Clinical Research Institute, Moshi, Tanzania, E-mail: p.msoka@kcri.ac.tz

Received: May 04, 2021; **Accepted:** May 18, 2021; **Published:** May 25, 2021

Citation: Cyril PM, Holroyd E, Msoka AC (2021) Perceived Risk of Contracting HIV/AIDS; Chagga Wives Living in Separately from their Husbands, Rural Tanzania. J Infect Dis Diagn. S3:001.

Copyright: © 2021 Cyril PM, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

prevention or treatment programs) [5].

In Africa, social welfare and health systems, are run using westernized biomedical models, aiming to promote the wellbeing of the individuals and families to enable health-seeking behaviours and minimize health risks, in particular, that of contracting sexually transmitted infections, such as HIV, a major health threat in Africa. However, these services are not compatible with the cultural and developmental context of societies they present, nor are they supported by relevant Africa specific cultural contexts In rural Tanzania, for example, marital separation and divorce are common[6] with separation of couples encouraged by welfare organizations to resolve marital conflicts [7].

In Africa, Long-distance truck drivers have long-been identified as the group which engages in risky sexual behaviours that promote HIV transmission. Truck drivers have recurrent overnight stays away from home, fewer social inhibition networks, and extreme waiting periods in ports and border crossings, where the accessibility to paid and unpaid sexual services increases their vulnerability to infectious diseases and other health problems [8].

In Tanzania, the growth of the mining sector has led to greater urbanization and mobility between rural and urban areas. This means that young and sexually active men come into close contact with 'high-risk sexual networks' made up of sex workers, and other women at the truck stop. Such activities mean that many of these men have a heightened risk of contracting HIV from engaging in unprotected sexual activities [9]. Increasing their propensity to transmit HIV to their wives back homes [10]. Tanzania is one of the regions in sub-Saharan Africa with the highest incidence of HIV infections [11]. It has recently been reported that two-thirds of new HIV infections occur in stable married couples, with HIV rates higher in women than in men [12].

Tanzania is a highly ruralized society, with women playing an important role in agricultural villages. The Chagga people of Southern Tanzania comprise one of the largest rural Tanzania tribes, whose main source of income is cultivating and harvesting coffee on the plantains. The Chagga tribe, are a wealthy and highly organized clan who have historically practiced widespread male job relocation to bring further wealth to their communities. With each relocation, the wife is left behind to run the household and farm to support the children, work in local employment, or attend studies [13].

To date the effect of couple separation on rural wives who stays at home has received little attention; specifically, how the stay at home female spouse perceives her risk of contracting HIV from her husband.

METHODS

Research design

A descriptive qualitative design using Focus Group Discussions (FGD) was employed to obtain detailed descriptions of reasons for living in separate rural households to their husbands and their self-perceived risk of contracting HIV infection for their husbands. The choice of FGD enabled the generation of multiple views with shared and divergent ideas among women, which enabled gaining insight into their perceptions and beliefs [14].

Sampling

The population for this study comprised of married women residing in the Moshi district rural communities. A sample of married women from each of the 4 wards namely Uru, Old Moshi, Mwika, and Rombo within the Kilimanjaro region was selected purposively across age ranges and socio-economic profiles. A total of 10 FGD's were conducted (each FGD had between four to eight wives) with a total of 60 participants. Three FGD's had eight participants each, with all wives over 35 years of age, six wives from these FGD's were carrying children on their backs, two FGD's had seven participants each, all members of which were thirty-five years, and one FGD had four participants all women attendees having been married for over five years.

Data collection and analysis

All data collection and consequent analysis followed COREQ guidelines for interpreting qualitative studies [15]. All FGD's were conducted at the village offices of each community which was agreed by participants as the most convenient venue for the discussions. The FGD were conducted in Kiswahili (national language) each lasted for approximately 90 minutes, were audio-recorded, and facilitated by the principal investigator, who was bilingual (In English and Swahili) and experienced in FGD moderation [16]. FGD attendees were encouraged to participate in the discussions to capture shared and diverse perceptions and beliefs. Thereafter, two researchers who were fluent in both languages checked the transcripts against the audio recordings. The analytical framework was guided by Braun, et al. [17]. Framework and involved focused rereading and review of the data, followed by coding and category construction based on data characteristics to uncover themes pertinent to the phenomenon under study. To assure rigor research team met to code and to further agree on the key themes, as well as keeping audit trail, and using forward and back language translation of a sample of FGD transcripts [15].

Ethics

Ethical approval was obtained in July 2017 from the Ethics Review Committee of the Open University of Tanzania (Ref. OUT/2017/238/k1). Written permission to conduct this study was then further granted by the Moshi District Municipal Councils along with the appropriate village officers before conducting the FGD's. The principal investigator explained the aim of the study both orally and in writing, the study objectives and procedures, issues of privacy, the importance of voluntary participation, and the need for individual informed written consent. Participants were guaranteed that data would be stored protected by security codes and be viewed solely by the research team. Each participant was allocated a number that was used for their FGD references instead of real names. All participating women provided written informed consent for the participation in the FGD's and the recording of the discussions.

RESULTS

This study was conducted with the Chagga tribe communities living on the southern slopes of Mount Kilimanjaro in Northern Tanzania. These FGD wife attendee's occupations included home wives, small scale farmers, and entrepreneurs, being mostly Christians with a primary school level of educational completion (Table 1).

Table 1: Female spouse socio-demographic characteristics.

	Age (year)	Discussant	Married		Religion		Setting		
			5 ys	>5 ys	Muslim	Christian	Primary	Secondary	None/ Dropped
Uru	20-30	5	2	5	2		3		
	31-40	6	3	4		5	4		
	41-50	4	2	3	3	4	2		
Old Moshi	20-30	7			4	7	6		
	31-40	4	2	4	2	5	8		
	41-50	6	1	6	3	4			2
Mwika	20-30	8	2	4		6	4	5	2
	31-40	7	3	4	2		6		2
	41-50								
Rombo	20-30								
	31-40	4	2	7	3	3	3		
	41-50	9	1	5	2	5	6	7	
		60	18	42	21	39	42	12	6

Themes and subthemes

Two main themes identified from the FGD's included reasons for and effect of living separately and risks of contracting HIV/AIDS. Along with the subthemes married but husbands career means we live far apart, wife left in the village taking care of children, elderly and coffee farms, male spouses lacked the feeling of being settled in the rural area, frequency visits saved couples living separately, drivers of long safari trucks prone to HIV transmission, lack of trust in their sexual safety of their marriage, social welfare department overlooks family problems associate with couples separation. The following section presents key testimonies under the subtheme headings.

Married but husbands career means we live far apart

Many husbands saw their wives very infrequently, only visiting during holidays at six-monthly intervals. This concern was expressed by a 30 years old woman who reported that:

"I cannot say I am living with my partner because he comes once in a month or on special occasions to visit us. He is working in town. In most cases, he just sends us money to use. Only on holidays, he comes to visit us" FGD 2 Uru One wife had to deal with the anxiety of her husband having another wife as well as living far apart from their home said:

"My husband has another wife. So, he comes to me when he gets time or feels like coming to see us, me and the children. It is a bit of a worried married life having an unsettled husband who moves with other wives and pretends is occupied with business. They're some of the days, he earns very little money and asks me to do petty business to get money for food. One of my friends who are living in town told me, my husband has another wife. This kind of marriage is very challenging and I can't predict my life of tomorrow" FGD 8 Old Moshi

Furthermore, some wives saw their husband's relocation as the pivot point in which extramarital relationships occurred. A 34-year-old woman reported;

"Yes, but he comes and goes. He is a businessman, so he normally travels here and there which is easily been tempted to have more partners. He is employed as a driver and he drives these big cars. So when he arrives, he stays with me" FGD 6 Mwika

Wife left in the village taking care of children, the elderly and

coffee farms

Another wife, 42 years old, spoke about her complex household role and responsibilities including managing the family's home, caring for their children; buying, cooking, farming and storing food; buying daily goods cleaning and maintaining the home, reported;

"I cannot follow to live with my husband because I have to look after the farm. Otherwise, the children will have no food to eat. Myself I can't be out of home as I am responsible for all family affairs" FGD 4 Rombo

Another 35-year-old woman had this to say " My husband left me in the village since is working in town so I have to look for the children and coffee plantations" FGD 1 Old Moshi Male spouses lacked the feeling of being settled in the rural area

These female spouses saw their husbands as "not settled on the rural lands" and lacking family commitment being instead driven by ambition and the need for success. These rural wives reported getting frustrated with a separated married life. These went onto state that if couples lived happily when married this offered protection from HIV infections. Many wives complained about their current situations but further stated that they could do nothing about it. One woman aged 34 years old expressed her views as:

"Yes, my husband never settled in one place as has to move here and there fetching money, his business is very Dynamic; I would like to advise him for a change of the business and look for a place where he can be able to accommodate the family; we are not happy with such life of separation" FGD 3 Mwika. Another woman aged 40 years from the same group had this to say. "It's easy for me to get HIV infection since my husband is not staying with me so I feel so frustrated." FGD 3 Mwika Frequent visits "saved couples" living separately.

Some discussant felt that if couples made frequent visits to one another this had the effect of promoting the marital relationship. One woman shared her experience saying:

"I cannot see any problem since he is coming every week also sometimes we visit each other weekly so this kind of life in our marriage is a safe life for us" FGD 7 Uru

Another contribution from 37 women reported that: "My

husband come frequently when I need him it makes our marriage to be stronger” FGD 7 Uru Drivers of long-distance safari trucks prone to HIV transmission Husband’s employed as long-distance safari tour guides and drivers were seen by these discussants, to pose a high risk of their wives getting HIV due to their increased opportunities to engage in extramarital affairs. One woman who had been married for 5 years shared her experience of married life saying

“My husband is employed as a driver; drives these long safari big cars for three months sometimes my take even six months because he travels outside the country. So, when he arrives, he stays with me for two days. It is now five years with such a separate marriage since we got married” FGD 5 Rombo One woman 46 years old had this to share

“It’s easy to get HIV infection since my husband when in safari journey is easily tempted to have another relationship.” FGD 3 Mwika Lack of trust in their sexual safety of their marriages. For these Chaga wives living in separate households from their husbands, over extended periods, was seen to mean that they “ended up in not trusting each other” These wives further alluded to seeking an HIV test to know if they were infected with STI. One woman expressed her experience by saying. “My husband is employed in another region of the country; is very difficult to come home frequently but only once per year. Last time I was sick in Malaria and sexually transmitted disease and the Doctor advised us both to have a checkup for HIV luckily enough my husband was on leave and we went to see the doctor who after counseling advised us to check HIV. We had conflicts for a long time which was settled with the help of the clan members. We were both HIV positive. We were instructed to start HIV drugs and the nurse said to us that we can live a long life provided we follow instructions.” FGD 9 Old Moshi Another woman had this to share “You know living far away from my husband makes a loss of trust him much as men are not settled” FGD 7 Rombo.

DISCUSSION

Work responsibilities, the need for a better livelihood, and Chagga cultural practices of ensuring that someone was left at home to take care of the clans coffee farms were the main factors that caused married couples to live separately. This finding correlates a Tanzanian study [13]. Were rural wives were found to be expected to run the household and the farm, care for the children and their education as well as seek part-time and often street-based sales work. Such split marital residencies are a common occurrence in Sub Saharan African and well associated with widespread HIV epidemics [11].

The imperative for women to stay home and run family holdings, engage in multiple livelihood strategies, as well as care for the children and elderly, have also been found by who elaborated that women make essential contributions to the agricultural and rural economies, with their roles varying considerably within different villages.

Our study findings revealed two types of marriage behaviors for Chagga tribal spouses. One of which was where married couples visited each other once a week. These presented as married couples who had been married for less than five years. They visited each other regularly because their marriage was still young and it has a sense of collective unity as well as acknowledging the importance of the wives' responsibility for the domestic scene. These marriages had the positive effect of making it difficult for one partner to have an extramarital relation and so encouraging fidelity, a finding echoed elsewhere in Africa [18]. The other type of marriage was that when Chagga

wives saw rarely their husbands and perceived a high risk of their husbands having extramarital affairs due beginning away for long periods and more likely to have extra-marital sex within mobile transitory occupations (truck, safari truck drivers) and so spreading HIV back to their wives. This could be because these men were less constrained by living away from the tight-knit Chagga community norms and expectations. Similar views were expressed by Suminar, et al. [19]. In an India based study finding that long-distance relationships promoted men to seek other opportunities for sexual contact and not take sexual health precautions.

Many of these husbands were reported by their wives to have other women, either casually or even another wife at different places near their work locations. These kinds of marriages were associated with high anxiety and perception of threat from the risk of contracting Sexually Transmitted Infections (STI) including HIV. Similar views revealed by Dias, et al. [20]. Who document that young and sexually active men, such as miners and truck drivers, come into close contact with high-risk sexual networks made up of sex workers, women at track stops and near mines; all of whom have high levels of HIV incidence [21].

CONCLUSION

To sustain more stable cohabiting marriage patterns, and minimize the risk of husband's HIV exposure to other sexual partners married couples must be enabled to find economic opportunities within their home towns that can support them to live in the same household. If long-distance relationships are the only option due to the nature of the work safari guides, truck drivers, miners, married couples need to organize frequent visits and keep up restful communications. Religious institutions, such as the Christian churches and mosques should play part in providing adult education on the importance of married couples cohabitating at the same time educating them on the sexual and financial importance of remaining faithful to their marriage partners.

The Tanzania government and Ministries of Social Welfare need to develop a policy to support married couples to working in the same location, such as through subsidized housing in employment regions. Moreover, the Ministry of Education should collaborate with the Ministry of Culture to address current rural belief systems, which have justified long-distance relationships with married women remaining in the rural areas to look after the coffee farms and cattle while their husbands leave in search of lucrative employment opportunities. Also importantly the custom of having more than one wife, all of which become future vectors for the transmission of HIV.

REFERENCES

1. Connidis IA, Borell K, Karlsson SG. Ambivalence and living apart together in later life: A critical research proposal. *J Marriage Fam.* 2017; 79(5):1404-18.
2. Tumbe C. Urbanisation, demographic transition and the growth of cities in India. Internal Growth Centre; 2020.
3. Wisanto B. A Study on the Marriage Phenomenology of Commuter Marriage Spouse. *Guidana: Jurnal Ilmu Pendidikan, Psikologi, Bimbingan dan Konseling.* 2017;7(1):16-22.
4. Umberson D, Thomeer MB. Family matters: Research on family ties and health, 2010 to 2020. *J Marriage Fam.* 2020;82(1):404-19.
5. Mtenga SM, Pfeiffer C, Merten S, Mamdani M, Exavery A, Haafkens J, Tanner M, Geubbels E. Prevalence and social drivers of HIV among married and cohabitating heterosexual adults in south-eastern Tanzania: analysis of adult health community cohort data. *Glob Health Action.* 2015; 8(1):28941.

6. Howland RJ. Loyola eCommons Divorce and Polygamy in Tanzania. Loyola University Chicago. 2014.
7. Worrall L. Better Urban Growth in Tanzania: A Preliminary Exploration of the Opportunities and Challenges. Coalition for Urban Transitions; 2017.
8. These S. Research recommends how to tackle spread of HIV/AIDS by African truckers. University of Cambridge. 2019; 1-3.
9. Kerrigan D. The Global HIV Epidemics among Sex Workers. Open knowledge repository; 2012.
10. Tiruneh K, Wasie B, Gonzalez H. Sexual behavior and vulnerability to HIV infection among seasonal migrant laborers in Metema district, northwest Ethiopia: a cross-sectional study. BMC Public Health. 2015; 15(1):1-0.
11. Kharsany AB, Karim QA. HIV infection and AIDS in sub-Saharan Africa: current status, challenges and opportunities. Open AIDS J. 2016; 10:34.
12. Hegdahl HK, Fylkesnes KM, Sandøy IF. Sex differences in HIV prevalence persist over time: evidence from 18 countries in sub-Saharan Africa. PLoS One. 2016; 11(2):e0148502.
13. Shattuck D, Wasti SP, Limbu N, Chipanta NS, Riley C. Men on the move and the wives left behind: the impact of migration on family planning in Nepal. Sex Reprod Health Matters. 2019; 27(1):248-61.
14. Silverman D. What counts as qualitative research? Some cautionary comments. Sotsiologicheskie Issledovaniya. 2019; (8): 44-51.
15. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care. 2007; 19(6):349-57.
16. Dickson-Swift V, James EL, Kippen S, Liamputtong P. Doing sensitive research: what challenges do qualitative researchers face? Qual Res. 2007; 7(3):327-53.
17. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006; 3(2):77-101.
18. Kwena Z, Mwanzo I, Shisanya C, Camlin C, Turan J, Achiro L, Bukusi E. Predictors of extra-marital partnerships among women married to fishermen along Lake Victoria in Kisumu County, Kenya. PLoS One. 2014;9(4):e95298.
19. Suminar JR, Kaddi SM. The Phenomenon of Marriage Couples with Long-Distance Relationship. MIMBAR: Jurnal Sosial dan Pembangunan. 2018; 34(1):121-9.
20. Dias S, Gama A, Loos J, Roxo L, Simões D, Nöstlinger C. The role of mobility in sexual risk behaviour and HIV acquisition among sub-Saharan African migrants residing in two European cities. PloS one. 2020; 15(2):e0228584.
21. Jacob S, Chattopadhyay S. Marriage dissolution in India. Econ Polit Wkly. 2016; 51(33):25-7.