

The perceptions of community members regarding reasons why HIV prevalence rate is high in Zambezi Region than in the other thirteen regions of Namibia

by

Joseph Kasu Mbuche



Assignment presented in fulfilment of the requirements for the degree of Master of Philosophy (HIV/AIDS Management) in the Faculty of Economics and Management Sciences at Stellenbosch University.

Supervisor: Prof Elza Thomson

December 2015

Declaration

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

December 2015

Copyright © 2015 University of Stellenbosch

All rights reserved

Dedication

My dedication of this dissertation first goes to the Almighty God for His protection and care to me that I completed my work successfully.

Secondly, it goes to my supervisor Prof Elza Thomson for her hard work during the review of my research project. To my late mother and father for ensuring that I attend school that I now going to receive my MPhil Degree.

Lastly, to my son and my two daughters for their time they gave me to use the house as a classroom.

Acknowledgement

I first of all give thanks to My God for His wisdom and strength throughout my research project. Secondly I acknowledge my supervisor Prof Elza Thomson and Prof Jan du Toit for their guidance, constant support and encouragement to me during the research. Also I acknowledge the role played by Mr Burt Davis on updating us on Moodle regarding dates of submissions to the ethics review committee. Finally, I acknowledge all my respondents who have been able to provide me data on which I produced a research report to be submitted to the University.

Abstract

The Republic of Namibia situated at the South West of Africa near Atlantic Ocean is a country in Sub-Saharan Africa region. It was divided into fourteen political administrative regions during the delimitation committee of 2013. Namibia has a population of 3 million according to the census report of 2011 (Census report 2011). The prevalence rate of HIV in Zambezi Region is higher than in other thirteen regions of Namibia. Zambezi Region is geographically located between the four SADC countries such as Zambia, Angola, Botswana and Zimbabwe.

Trans–Caprivi high way is believed to contribute to the high prevalence rate of 37.7 % according to the sentinel survey report of pregnant women of 2012. The traditional beliefs and customs are affecting HIV/AIDS programmes that are implemented in the region by stakeholders and the Ministry of Health and Social Services.

Namibia as a country since 1992 to 2014 has conducted sentinel surveys among pregnant women and National testing days from 2008 to find out how to address HIV and AIDS epidemic in the country. Zambezi Region according to the sentinel survey reports has the highest HIV prevalence rate among pregnant women than the other thirteen regions. The reasons that are causing the high prevalence rate of HIV in this part of the country are not yet know to the citizens.

The researcher in this research has used the qualitative approach method, to investigate the perceptions of community members regarding reasons of higher HIV prevalence rate in Zambezi Region. Sampling was conducted using purposive sampling in all six constituencies of the region in which 30 participants of 15 females and 15 males were interviewed. The semi - structured interview qualitative method was used to collect data from respondents. This study is the eye opener as the reasons that are contributing to the high HIV prevalence rate in Zambezi Region have been discovered.

Table of Content

Chapter One: Introduction	7
1.1 Introduction.....	7
1.2 Background of the study	7
1.3 Problem statement.....	8
1.4 Aims of the research	8
1.5 Research objectives.....	9
1.6 Operational definitions.....	9
1.7 Significance of the research	9
1.8 Outline of chapters.....	10
1.9 Conclusion	11
Chapter Two: Literature review	12
2.1 Introduction.....	12
2.2 Overview of HIV/AIDS	12
2.3 Global overview of HIV	12
2.4 Overview of HIV in Namibia	13
2.5 Overview of HIV in Zambezi Region.....	14
2.6 Conclusion	15
Chapter Three: Research methodology	16
3.1 Introduction.....	16
3.2 Research design	16
3.3 Data collection	16
3.4 Inclusion and exclusion criteria	17
3.5 Data collection method	18
3.6 Data analysis	18
3.7 Limitations of the research.....	18
3.8 Ethical considerations	18
3.9 Conclusion	19
Chapter Four: Reporting of results and discussion.....	21
4.1 Introduction.....	21

4.2 Research objectives.....	21
4.3 Biographical information	21
4.4 Discussion of results	31
4.5 Conclusion	34
Chapter Five: Recommendations and findings.....	35
5.1 Introduction.....	35
5.2 Research objectives.....	35
5.3 Discussion of findings.....	35
5.4 Recommendations.....	39
5.5 Conclusion	40
5.6 Final conclusion	40
6. Bibliography	41

Chapter One

Introduction

1.1 Introduction

This chapter contains the following, background of the problem, problem statement, research question, aim of the research, research objectives, operational definitions and significance of the research, research methodology, outline of chapters and conclusion.

1.2 Background of the study

The Republic of Namibia situated at the south west of Africa near the Atlantic Ocean is a country in Sub-Saharan Africa region. It was divided into fourteen political administrative regions during the delimitation committee of 2013. Atlantic Namibia has a population of 3 million according to the census report of 2011 (Census report 2011). It was ranked as the third country after Lesotho when it comes the HIV prevalence rate in Sub-Saharan Africa (UNAIDS Global report 2008). Zambezi Region is situated in the North Eastern part of Namibia at the borders of four SADC countries those of Zambia, Botswana, Angola and Zimbabwe. In the Sentinel Survey document of 2012 the region has recorded a HIV prevalence rate of 37.7% among pregnant women which is higher than in other thirteen regions of Namibia. The region has one Public Hospital, 3 Health Centres and 26 Clinics as health facilities providing antiretroviral medicines to the residents. Neighbouring country border towns have indicted HIV prevalence rates of as: Victoria Falls in Zimbabwe with 46%, Kasane in Botswana 40% and Livingstone in Zambia 30%. The border crossing movement and migration of people and vehicles making sex conducive are increased by the Trans-Caprivi highway (Mwilima 2009). The custom and traditional belief affects the perception of the communities towards HIV/AIDS awareness programmes. HIV is transmitted in a population that is illiterate and ignorant of the literature available to them for information concerning the disease (Mabuku 2005). The Zambezi Region had in 1986 the first case reported in Namibia and since a great number of pole have been affected by HIV/AIDS. Since 1999 including 2000 Zambezi Region had the highest death rates in Namibia (Namibia Census Report 2001).

Katima Mulilo District Hospital started providing ART treatment, PMTCT and VCT services to patients in 2003 in agreement with the company of Bristol Myers Squibb for antiretroviral therapy implementation in Zambezi Region (Kanku, 2010). The Sentinel Survey is conducted in one group of the population which are represented by pregnant women who come to the hospital, health centres and clinics for antenatal services. The sentinel survey system does not generate adequate data to understand the prevalence rate in other groups of the population. This reason caused the Ministry of Health and Social Services and regional stakeholders started conducting the National Testing Days using rapid testing in 2008 in all public health facilities. The data indicated the Zambezi Region VCT clients were more highly infected of HIV compared to other health facilities the Namibia. The cultural practices such as polygamy and wife inheritance are believed to contribute to the high HIV prevalence rate of the region as the population (Mwilima, 2009).

1.3 Problem statement

Since the Republic of Namibia has started to conduct the sentinel survey in 1992 until 2012 the HIV prevalence rate in pregnant women of Zambezi Region was higher than other regions represented by 37.7%. The reasons were unknown what was causing this highest prevalence rate of HIV. As a citizen of the region there is a concern of this situation and this precipitated the interest in this study to establish the reasons that contribute to this high HIV prevalence rate in Zambezi Region.

This study aim to solve the problem: Why is the HIV prevalence rate higher in the Zambezi Region than in the other thirteen Regions of Namibia?

1.4 Aim of the research

The aim of the research is to investigate reasons why HIV prevalence rate is higher in Zambezi Region, in order to provide guidelines on how to develop interventions that will assist the Government to reduce the rate of HIV infection in this particular region.

1.5 Research objectives

The objectives of the study are:

- To assess the levels of knowledge respondents have of HIV and STIs transmissions.
- To determine the attitudes of the people towards the use of condoms.
- To identify the perspectives of the community members on the reasons of higher HIV prevalence in Zambezi Region than in the other thirteen regions of Namibia.
- To make recommendations and provide guidelines how to address the high HIV prevalence rates of the region.

1.6 Operational definitions

- HIV – Human Immune Deficiency Virus.
- AIDS - Acquired Immune Deficiency Syndrome.
- Multiple Concurrent Partners - a sexual practice of having many sex partners.
- Practices - an act of doing something in customary ways (Mahela, 2014)
- Transactional sex - when people have sex with the aim to get money, food and educational fees.
- Widow cleaning – a woman that is expected to have sex with the family member of the late husband.
- Intergenerational sex – two people of different ages (National HIV/AIDS Policy 2007 MOHSS).

1.7 Significance of the research

The research is significant to the Katima Mulilo Town Council, the Government of the Republic of Namibia, Zambezi Regional Council, eight Constituencies, communities, health Practitioners, pregnant women and Stellenbosch University.

This research is significant to Zambezi Regional Council as the findings will assist the organization to develop strategies to respond to HIV infection outside workplaces. Education and guidelines materials to be used in (PMTCT) prevention of mother to child transmission programme, antiretroviral treatment and voluntary counselling and testing during follow-ups will be developed and provided. The study will be useful to the health practitioners where policies

that are relevant will find meaning and usefulness in this research. The findings of the research will contribute towards the body of knowledge and academics and researchers will benefit from these findings.

The Katima Mulilo Town Council will be able to develop strategies to address HIV issues. The Government of Namibia with neighbouring countries will be able to introduce measures to prevent HIV transmission through the implementation of cross border programmes. The community of the constituencies will become knowledgeable concerning the reasons that contribute to the high HIV prevalence and infection in their area and how to address the situation.

1.8 Outline of chapters

Chapter one - Introduction

This chapter contains the background of the problem, problem statement, research question, aim of the research, research objectives, operational definitions and significance of the research, research methodology, outline of chapters and conclusion.

Chapter two - Review of literature

In this chapter the literatures aimed at generating information why HIV prevalence rate among pregnant women are explored. A purpose of the review of literatures is for findings to be placed within what is already known and what is to be added. The chapter have been divided as follows: The chapter have been divided as: Overview of HIV and AIDS; global overview of HIV; an overview of HIV in Namibia; an overview of HIV in Zambezi Region; and the conclusion.

Chapter three - Research methodology

Research methodology will be placed in context: contains the framework of research design, data collection and data analysis process of the research.

Chapter four - Findings and discussions

The data collected during the research process is recorded and discussed.

Chapter five - Conclusion and recommendations

This chapter has the following sections; findings recommendations for the way forward and the conclusion focus on the overall experience.

1.9. Conclusion

This study will focus on the reasons that contribute to make Zambezi Region the highest in HIV prevalence rate. The study will open the eyes of many people as the reasons that are contributing to the high HIV prevalence rate in Zambezi Region will be discovered.

Chapter Two

Literature review

2.1 Introduction

The aim is to employ literature sources at generating information on the perceptions of community members regarding the reasons of high HIV prevalence rate in the Zambezi Region than in the other thirteen regions of Namibia. A purpose of the review of literatures is for findings of various researchers to be placed within the known realm and what can possibly be added. The chapter have been divided to provide: Overview of HIV and AIDS, a global overview of HIV, overview of HIV in Namibia, review of HIV in Zambezi Region and concluding comments. Previous conducted research in this field of study will be placed in context why the HIV prevalence rate is high in Zambezi Region than in the other thirteen regions of Namibia. The following research studies and sources have been reviewed to become acquainted with the existing knowledge on the problem.

2.2 Overview of HIV and AIDS

HIV (Human Immune Deficiency Virus) is a virus that only infects human beings and it ultimately causes AIDS (Acquired Immune Deficiency Syndrome) at which the immune system of the body is weakened by the HIV virus and it is open to opportunistic infections (NAPPA Training Manual Page 35, Ministry of Education 2006, AIDS Law Unit Legal Assistance Centre 2010 page 17, 18).

2.3 Global overview of HIV

The UNAIDS report of 2011 discovered the total number of infected individuals in Southern and Eastern Africa HIV had declined. In Southern Africa in countries such as Botswana, Namibia, Rwanda, Zimbabwe, Zambia Kenya, Swaziland, South Africa and Mozambique new HIV infections declined between 2001 and 2011 by 50 %. The declined trends have been attributed to combined factors which included sexual behaviour change, more access to antiretroviral treatment, progress in prevention of new HIV infections in children and natural course of HIV epidemic. The use of condoms had increased in Southern and Eastern Africa countries, while the number of multiple sexual partners were reported in other countries (UNAIDS 2011 Page 6). The

number of infected people at the end of 2011 there were 34 million people living with HIV, 8% were adults who were between the ages of 15 - 49 years worldwide; the burden of the epidemic continued to vary between regions and countries. Sub-Saharan Africa remained affected severely where 20 adults lived with HIV and accounted for 69% who lived worldwide with HIV. In sub-Saharan Africa HIV infection regional prevalence was near 25 times higher than Asia in which 5 million lived with HIV in East- Asia, South East when combined. The regions that were affected heavily after sub-Saharan Africa were Eastern Europe and Caribbean and Central Asia; 1% of adults lived in 2011 with HIV (UNAIDS Report 2012 page 8). The number of people in the world who were newly infected continued to decline. People who acquired HIV in 2011 were 20% lower than in 2001. Numbers declined in sub-Saharan Africa by 25% and Caribbean 42%. In north Africa and the Middle East since 2001 newly infected people increased by more than 35%. There is evidence in Central Asia and Eastern Europe where HIV infection began to increase after it relatively remained stable for many years (UNAIDS Report 2012). According to the UNAIDS report globally people who lived with HIV by 2012 were estimated at 35.3 million. New HIV infections were 2.3 million that indicated a decline of 33% in the number of new infections from 3.4 million in 2001. The number of deaths caused by AIDS also declined at same time with 1.6 million deaths in 2012 from 2.3 million in 2005 (UNAIDS Report 2013 Page 6).

2.4 Overview of HIV in Namibia

In Namibia HIV prevalence is obtained through sentinel surveillance conducted among pregnant women who visit clinics for antenatal care. In 2012 according to the sentinel survey report the HIV prevalence rate among pregnant women was 18.2 %. The sentinel survey report of 2014 indicates a decline of HIV prevalence rate from 18.2 % to 16.9 % of pregnant women in Namibia. The situation in Namibia has changed in the 2013 demographic household survey which provided HIV prevalence estimates directly for the general population. In this survey HIV infected women were included in the sample who were between the ages of 15-64. The prevalence of HIV was disaggregated by characteristics such as region, age, residence, wealth and education. According to the National Demographic Household Survey of 2013 in Namibia 16.4% of those who were between the ages of 50-64 years and 14.0% of the adults who were between 15 - 49 years were HIV infected. Among the respondents between 15-49 years HIV prevalence was 10.9% for men and 16.9% for women. The HIV prevalence rate among men and

women between 50-64 years the percentages was similar which was 16% for men and 16.7% for women. The prevalence rate peaked both in men and women for the age group 35-39 which was 22.6% for men and 30.9% for women. It was lowest among the respondents who were 15 -24 years old represented by 20.34% for men and 25.64% for women. Among the men and women who were 5-49 years old the percentage of HIV positive decreased generally with wealth and education. More than half (51.7%) of widowed women were infected by the HIV virus (NDHS 2013).

According to the UNAIDS report of 2002 HIV transmission in sub-Saharan Africa was through unsafe injections, sexual intercourse and unsafe blood transfusion. Sexual behaviour was the influencing factor that contributed to the spread of the HIV in Africa (UNAIDS 2002). In Namibia the following factors have contributed to the high HIV infection such as intergenerational sex, alcohol abuse, low levels of male circumcision, multiple and concurrent partnerships, levels of HIV risk perception, Trans - sexual sex and population mobility (Khan, De La Torre, Eckert, Luna and Hover May 2009). According to a study conducted in Malawi amongst young people and HIV/AIDS, the following social factors were responsible for increased transmission of HIV namely, cultural practices in the form of wife inheritance, polygamy, inconsistent condom use, gender inequalities, pubertal initiation, transactional sex, multiple concurrent partnership and funeral rites (UNFPA Namibia,2009).

2.5 Overview of HIV in the Zambezi region

The Zambezi Region has the highest prevalence rate (37.7%) of HIV among pregnant women compared to the other thirteen regions of Namibia according to the Sentinel Survey of 2012 (Sentinel Survey Report 2012).The results of 2014 of this survey indicated there was a reduction of HIV prevalence rate of 1.7 % that made it 36.0% of HIV prevalence rate in pregnant women in Zambezi Region. The National Demographic Household Survey of 2013 discovered among the respondents who were 5-49 years old, the prevalence of HIV in Zambezi Region was higher with men representing 15.9% and 30.9 % for women; in the Omaheke Region for women was 6.9 % and in the Ohangwena Region it was 6.6 % for men (NDHS, 2013).

According to Mwilima (2009) HIV in Zambezi Region was driven by the cultural factors such as inheritance, belief, widow cleaning ,dry sex sexual practices The structural factors were mobility and migration, geographical, urban migration, rural differences, unemployment, violence and poverty. The social behaviour factors were multiple and concurrent sexual on par.

According to the Regional Poverty Profile report conducted in the Zambezi Region by the National Planning Commission, members of the community were informed and they were aware of HIV/AIDS but it was not mentioned as one of the main problems during the ranking of causes of poverty. HIV/AIDS caused illness and deaths among community members, which resulted in other problems such as death, infected partner, increased number of orphans and additional health care expenditure. The survived spouses mostly women found it difficult to cope with responsibilities of ploughing without support from the husband, while men had difficulty to take the responsibilities that were accorded to women (National Planning Commission 2004 Page 49). There is limited knowledge regarding the reasons of high the HIV prevalence rate in the Zambezi Region than in the other thirteen regions of Namibia. This research will focus on investigating the reasons regarding the high HIV prevalence rate of 36.0% according to the 2014 Sentinel Survey.

2.6 Conclusion

Different sources of literatures were selected to provide the background to the present study. The aim of the research is in exploring the perceptions of community members regarding reasons of the high HIV prevalence in Zambezi Region than in the other regions of Namibia.

Chapter Three

Research methodology

3.1 Introduction

In this chapter a framework of research design, data collection and data analysis process of the research is discussed to provide the platform for the project.

3.2 Research design

The design employed in the study is a non-experimental being the most appropriate approach for a descriptive approach. This design was useful in the research of investigating reasons of higher HIV prevalence rate in Zambezi Region than in the other thirteen regions of Namibia. The qualitative method was used in the research, as it provided the answers to the questions of the real world. The qualitative research method was used as it focused on the relationship between personal, social meanings, individual and cultural practices (Nengomasha, 2007).

Qualitative research has been defined as an approach to the empirical research relying on the collecting qualitative data, an approach that relies on multiple subjective data types and investigating people in situations and the environment. The qualitative data has pictures, words, documents and clothing and non-numerical information (Christensen, Johnson & Turner, 2014).

3.3 Data collection

3.3.1. Population

The population that participated in this research study were from the 6 constituencies of Zambezi Region communities in selected areas. The population is a full set of elements from which sampling is done (Christensen et al, 2014). Information that was needed is regarding the reasons of the higher HIV prevalence rate in Zambezi region than in other thirteen regions of Namibia.

A sample of 30 community members have participated in this research representing the population of Zambezi Region .The people who were sampled included nurses, headmen, teachers, women, men and political leaders from the community in the villages and places of

work. The selection and recruitment of participants was done with the assistance of the Village Development Committees and 6 constituencies' offices in all selected areas.

3.3.2 Sampling method

In this research it was deemed acceptable to use non-probability sampling. This type of sampling required selecting individuals are unknown as the size of the population and members of the population are not known by the researcher. In this research purposive sampling method was used in which 15 females and 15 males from the 6 constituencies of Zambezi Region community participated. The sampling assisted in the collection of necessary information from selected community members as representatives of the population of the Zambezi region.

The sample is the set of the elements that is taken from a large population, the subset of a population. Sampling is defined as comprising elements of population that is considers inclusion in a study. Sampling is referring to the drawing of elements of the population to obtain the sample. The goal of sampling is to get the representative sample similar to a population on all the characteristics. It is the small portion of a total set of persons that together comprises the subject of the study. It is a set of the elements that are taken from a large population (Christensen et al, 2014, de Vos, Strydom, Fouche & Delport, 2005).

3.4. Inclusion and exclusion criteria

The criteria of inclusion into the sample of the research was, the participants should be females and males of 18 years and over who were residents of Zambezi Region in the selected constituencies areas. The exclusion into the sample was the participants below 18 years and those who are not residents of Zambezi region.

3.5. Data collection method

In this study the semi-structured one to one interview was used in the collection of data; participants responded to scheduled questions. By use of semi-structured interviews, the interviewer had a set of questions on the schedule to ask participants and record the responses (de Vos et al 2005: 296). The respondents were visited and interviews have been conducted in offices and clinics to ensure that information was kept confidential.

3.6 Data analysis

During data analysis a sequence of steps were followed starting with the transcription of the entire interview. Key words and phrases that were similar in meaning were identified and compared the responses to the respondents. The issues were categorised by topic and summary statements of the responses and patterns were formed. Key quotations and phrases from respondents to give added meaning to the text were cited. The responses were verified and the generalisation of the findings. The description of information and explanation of statements of collected data was done (Nengomasha, 2007).

3.7 Limitations of research

The limitations of the research were:

- Only a small sample of community members from 6 constituencies of the Zambezi Region was selected and recruited to respond to the questions in the interview.
- Time to conduct this study was limited as it was the rainy season and in other areas of the Kabbe constituency flood waters caused many roads impassable.
- Recruitment of the participants of the research was a limitation as it has been difficult to get community members from the far eastern part of Kabbe constituency due to heavy rains where the roads were inaccessible.

3.8 Ethical considerations

This research focused on human subjects requested to provide related information and there are ethics principles that were used during gaining consent, debriefing, institutional approval and deception (Christensen et al 2014: 499). The consent form to participate in the research that contained information was read and explained to the respondents in detail before conducting of interviews. The information collected from the participants was kept confidential and will not be disclosed without the permission of the interviewees. Permission was requested from all the respondents who have been involved in this study. The approval for the study was granted by the ethics committee of the University of Stellenbosch. Collected data was stored safely away from the people who were not involved in this study.

3.9 Conclusion

In this chapter the research methodology, population of the study, sampling method, data collection, data analysis and limitations have been covered. The inclusion and exclusion criteria of the respondents and ethical considerations were recorded. The next chapter will present the research findings and discussions.

Chapter Four

Reporting of results and discussions

4.1. Introduction

In this chapter data obtained from participants during interviews is presented and discussed. The aim of this section is to attach meaning to the findings of the research. This study aim to solve the problem: Why is the HIV prevalence rate higher in the Zambezi Region than in the other thirteen Regions of Namibia?

4.2 Research objectives

The objectives of the study are:

- To assess the levels of knowledge respondents have of HIV and STIs transmissions.
- To determine the attitudes of the people towards the use of condoms.
- To identify the perspectives of the community members on the reasons of higher HIV prevalence in Zambezi Region than in the other thirteen regions of Namibia.
- To make recommendations and provide guidelines how to address the high HIV prevalence rates of the region.

4.3 Biographical information

Table 4.1 reflects the biographical information collected during the project; there was an equal distribution between males and females.

Table 4.1
Gender of the respondents

Gender	Frequency	Percentage	Cumulative %
Females	15	50 %	50 %
Males	15	50 %	50 %
Total	30	100 %	100 %

Table 4.2 provides the distribution of ages of the individuals who participated in the study; 14 individuals were between 36 to 45 years of age.

Table 4.2
Ages of respondents

Age group	Number	
21 – 30	7	
31 – 35	2	
36 – 40	8	
41 – 45	6	
46 – 50	4	
51 +	3	
Total	30	

All ten questions on the schedule were answered by the respondents:

1. (a) What HIV means according to the respondents.

HIV is a virus that causes AIDS. It starts for Human Immune Deficiency Virus.

(b) How HIV is transmitted from one person to the other.

- It is transmitted through having unprotected sexual intercourse with a person infected of HIV without prevention or use of condoms.
- Blood contact and blood products, use of same razor blade when treated by traditional doctor, using unsterilized of injections.
- From the mother to her unborn child during pregnancy, labour or during delivery.

(c) How HIV transmission can be prevented

- By using condoms when having sex.
- Abstain from having sexual intercourse and
- Be faithful to one negative and tested sexual partner.

(d) How a person can know that she/he is infected of HIV.

A person will only know that she/he is infected of HIV by getting tested of HIV at the clinics and hospitals.

2. (a) STIs are the sexually transmitted infections

(b) How they are transmitted.

- They are transmitted through having sexual intercourse with a person infected with sexually transmitted infections.
- Some sexually transmitted infections such as syphilis can be transmitted from the mother to her baby during pregnancy and delivery.

(c) How they can be prevented

- By use of condoms when having sexual intercourse.
- Abstain from sex.
- Be faithful to one sexual partner and by getting circumcised.

3. (a) How condoms distribution is done in the community

- Condoms are distributed through Clinics, Health centres, hospitals and Offices.
- Condoms are distributed to the bars, bottle stores, shebeens and shops.
- Ministries, Non- Governmental Organizations Community Based Organizations distribute male condoms during community awareness meetings.
- Condoms are distributed by volunteers to villages and established outlets in communities.

b) How condom use demonstration is done in the community

- Male condoms demonstration is done by non- governmental organizations in communities by use of artificial male organ.
- The femidom has no demonstration model and is not been demonstrated in the communities.

4. The attitude of people about the use of condoms

The people have two different attitudes:

- Many people like to use condoms, because they prevent themselves from HIV and sexually transmitted infections and they say condoms are good.
- Some of the people do not like to use condoms because they say:
- In the condoms there are worms that cause HIV infections.
- If a person uses a condom she/he will not feel anything when having sexual intercourse.
- The condoms cause them to develop rash so they do not like to use them when having sex.
- They do not like to use condoms because they want to have children. By promoting using condoms when having is to encourage people to have multiple partners and involve themselves into prostitution.
- A femidom is very big, difficult to insert and makes noise during sexual intercourse.

(5) According to the respondents the following reasons contribute to high HIV prevalence in Zambezi Region

- (a) People have sexual intercourse with multiple partners.
- (b) Low level of education (literacy).
- (c) Unemployment.
- (c) Lack of money.
- (d) Hunger.
- (e) Lack of HIV/AIDS awareness programmes.
- (f) Alcohol abuse.
- (g) Remoteness.
- (h) Cultural and cultural practices.
- (i) Low use of condoms consistently.
- (j) Geographical location of Zambezi Region.
- (k) Fishing camps.
- (l) Low level of male circumcision.
- (m) Lack of transport for HIV/AIDS programmes in the communities.
- (n) Poverty.
- (o) Lack of financial resources for HIV/AIDS programmes.
- (p) Religious beliefs.
- (q) Peer pressure.

(6) How each of these reasons is made to contribute to the high prevalence of HIV in the region

(a) People have sexual intercourse with multiple partners.

This contributes to high prevalence rate of HIV, because when people have sexual intercourse with multiple partners without using condoms HIV is transmitted faster between them. It happens mostly between workers of capital projects such as roads, farmers, soldiers, police officials and other officials when they travel to work far away from their husbands and wives. They are forced due to the long distance from their homes to have multiple partnerships wherever they camp. By this situation HIV prevalence rate becomes high in the region.

(b) Low levels of education

If people have low level of education they will not get employment because they do not have proper qualifications. To survive they will involve themselves in risk sexual activities to get financial support. This contributes to the high prevalence rate of HIV because those with low education depend on those who are working for income, by having sex without condoms as there is enough payment.

(c) Unemployment

Unemployment causes people to involve themselves in risk sexual behaviours. If people are unemployed they go to look for money through having sexual intercourse to buy food and other basic needs. If sex is done without using condoms and the price is higher than that of the use of condoms. There is HIV transmission from one person to the other in this process and HIV prevalence rate becomes high in the region.

(d) Lack of money

Money is very important today in the life of people in Zambezi Region. Due to this more women and young women get involved in commercial sex work to get money. Men demand sexual intercourse without use of condoms because they have enough money to pay. If this happens HIV will spread from men to women or women to men through unprotected sex and HIV prevalence rate will be high.

(e) Hunger

Hunger contributes to high prevalence of HIV as more people in Zambezi Region do not have enough food. Women depend on men for food. If a woman is hungry she will get something to eat by having sex with a man for money.

(f) Lack of HIV/AIDS awareness programmes

This contributes to the high prevalence rate of HIV very much. If people lack information and are not aware of the dangers of HIV are at risk of the infection. People have no knowledge of HIV prevention methods such as abstinence, be faithful and condom use. This is a key to reduce HIV prevalence rate because if people are educated and are aware it helps to take action to prevent them from HIV.

(g) Alcohol abuse

Many people in Zambezi Region consume alcohol and alcohol abuse causes people not to think properly, because if a person is drunk she/he is not able to have a choice of who to have sex with. If people are drunk that is when they get interested to have sexual intercourse with women or men. There is lack of recreation facilities for youth and adults in the region, because of this they engage into alcohol consumption in bottle stores and bars. Due to alcohol abuse they do not think of having sex with condoms. This contributes to the high prevalence rate of HIV as people loss control.

(h) Remoteness of the region

This contributes to the high prevalence rate of HIV, because people who stay far away where there are no good roads have no access to HIV information. No people drive to these remote areas to provide information on HIV and AIDS, distribute condoms and conducting of HIV awareness meetings. As this is happening people are without information on HIV and AIDS and it contributes high prevalence rate of HIV.

(i) Culture and cultural practices

Culture contributes to the high prevalence rate of HIV, because culturally in Zambezi Region when a man is a polygamist (married to many women) and have many children he is regarded as

a really man in the community. According to culture it is believed that men are allowed to have many other women as sexual partners. Women are culturally not allowed to tell their husbands to use condoms because even if they have other sexual partners outside marriage. There is dry sex practice as men prefer dry vagina, so women apply traditional herbs to make the vagina dry. By this there will be HIV transmission as the men will force penetration into the dry vagina.

(j) Low use of condoms consistently

Many people do not use condoms consistently when having sexual intercourse. They say they feel nothing when they have sex with condoms, it causes them to have rash and also they want to have children. This contributes to high HIV prevalence rate because as people have unprotected sex with many partners HIV will be acquired and transmitted to others.

(k) Geographical location of Zambezi Region

Zambezi Region borders with four SADC countries and people from the North, East and South of Africa to go to Windhoek and other towns of Namibia they have to pass through the Zambezi Region at Katima Mulilo. Cross border movements of people are legally and some illegally to and from neighbouring countries that contributes to the high HIV prevalence rate. People come to buy from shops and some people come to work as domestic workers and cattle herders. Those from Zambezi Region in Namibia go out to buy commodities and sell fishes in Botswana, Zambia and Democratic Republic of Congo where they sleep in similar places both men and women. The truck drivers to and from these countries park at service stations spend a night in lodges around Katima Mulilo. At these service stations women sell sex for money to these truck drivers. This contributes to the high HIV prevalence rate of the region.

(l) Fishing camps

There are fishing camps in the islands of Lake Lyambezi, along rivers such as Zambezi River, Chobe River, Kwando River and Mashi River. Men and women from Zambia, Botswana and the Democratic Republic of Congo come to stay in the fishing camps buying from the fishermen. They do not come with husbands and wives to stay in the camps, also fishermen come without their wives. While in those fishing camps the single individuals get partners and start having sex for exchange of fish because more people need fish from the same fishermen. If a woman does

not get a partner among the fishermen she will buy less because only those who provide sexual favours can buy the produce. This contributes to the high prevalence of HIV if they engage in sexual relationships without using condoms when they do not know their HIV status.

(m) Low level of male circumcision

Low level of male circumcision contributes to the high prevalence rate of HIV, because it is not a custom in the Zambezi Region. The men who are circumcised have 60% changes of not becoming infected with HIV. The uncircumcised men are at risk of HIV infections because the foreskin can tear easily and the virus will be transmitted to the other person.

(n) Lack of transport for HIV/AIDS programmes in the region

Lack of transport contributes to the high prevalence of HIV very much, because HIV information does not reach people who stay very far from Katima Mulilo town. People are in need of information and services of HIV and AIDS but because of lack of transport programmes are not implemented. If people are not informed on dangers of HIV the prevalence rate will be high because they will have no knowledge about how HIV is transmitted and prevented.

(o) Poverty

Poverty contributes heavily to the high prevalence rate of HIV in the region. Most of the women and girls due to poverty are engaged into transactional and intergenerational sex to get financial support for their needs. In this situation condoms are not negotiated when having sex because sex is done for money with many different men. If sex is done without use of condoms the HIV virus is transmitted to the many people, by this the HIV prevalence rate is high in Zambezi Region.

(p) Lack of financial resources for HIV/AIDS programmes

Lack of financial resources contributes to the high prevalence rate of HIV in the region. Many areas of the region do not receive HIV and AIDS awareness programmes because of a lack of funds for implementation. Many non-Governmental organizations need financial resources for allowances and fuel to reach these areas but due to its lack it is impossible to cover many areas. As they do not go to these areas people are without HIV information and this contributes to the high prevalence rate of infection.

(q) Religious beliefs

Religious beliefs contribute to the high prevalence rate of HIV in the region. Most of the people in Zambezi Region are members of churches where they are told not to use condoms even if they are HIV positive and involved in having unprotected sex with partners. There is a belief that if a person uses condoms when having sex he is killing future leaders of the country. The churches teach that it is good to be faithful and abstain from sex than to use condoms because it is sin. By not using condoms it contributes to high prevalence rate of HIV, as members are not faithful and abstain from sexual intercourse because there are pregnancies that are happening among churches.

(r) Peer pressure

Peer pressure contributes to the high prevalence rate of HIV in the region; due to lack of support youth are engaged in sexual relationships in exchange of money with sugar daddies and mummies without using condoms. Those who are involved in these relationships put pressure on the other peers to get into risk sexual behaviours that leads them to get infected with HIV. More young women are HIV positive because of practicing intergenerational sex with older men for food and financial support. By having intergenerational sex without use of condoms in exchange of money HIV prevalence rate is high in the region.

7. The HIV awareness programmes currently been implemented in the community

- HIV awareness programmes on HIV prevention through information on abstinence, condom use and be faithful to one tested negative partner.
- Door to door HIV Counselling and testing
- Medical Male Circumcision awareness campaign.
- World AIDS Day commemoration.
- Condom distribution and demonstration awareness meetings.

8. Those who are implementing these HIV awareness programmes.

The following organizations are implementing these programmes:

- Take control of the epidemic (TCE).
- Ministry of Health and Social Services and Line Ministries.

- Catholic AIDS Action (CAA).
- Zambezi Regional Council.
- Community health Extension workers.
- Society for family health.

9. The interventions that should be taken into account to address these reasons in order to reduce this high HIV prevalence rate

- Hold sensitization meetings on HIV/AIDS for traditional leaders.
- Conduct HIV awareness to educate police officers and military personnel.
- Hold HIV and AIDS awareness campaigns in the communities.
- Conduct video shows in the community.
- Hold radio talk shows on HIV and STIs prevention.
- Provide transport for HIV/AIDS programs.
- Provide human and financial resources to be able to pay HIV programs and people doing the work.
- Hold condoms awareness meetings in the communities.
- Establish drama groups to educate the communities on HIV/AIDS.
- Create jobs for youth in the communities.
- Provide income generating projects to the communities.

10. Wanted from Government and the stakeholders

- The government should build health facilities to provision services to the communities that are far from services.
- Both the government and stakeholders must provide funds for HIV/AIDS programmes and income generating projects.
- Government must ensure that HIV and AIDS information and free condoms distributed in communities reach every corner of the region.
- Stakeholders must have programmes on HIV awareness in communities where government services are not available.

- Government and stakeholders must provide transport for HIV and AIDS awareness campaigns in the communities.
- The government must change the education policy that does not allow children to repeat when they fail grade 10 and grade 12 because of overage that contributes to the low level of education in the region.

4.4 Discussion of results

The study generated information of value that can be placed in context.

4.4.1 HIV and STIs

This research revealed most of the respondents had knowledge about HIV, how it is transmitted, prevented and how persons can be aware whether they are infected with HIV. They all said HIV is a virus, it is transmitted through sexual intercourse, blood contact or blood products and from mother to child transmission. About STIs the respondents also had knowledge of what its meaning is, how they are transmitted and prevented.

Reasons for the HIV higher prevalence rate in Zambezi Region than in other thirteen regions of Namibia can be deduced from the findings. According to the sentinel survey of the 2014 Zambezi Region is still the highest in the country with 36.0% of HIV among pregnant women. It seems that information about HIV and STIs is known by everybody in the region but the prevalence of HIV is high in the region.

4.4.2 Condoms distribution and demonstration

The aim of this research is to establish condom use and demonstration in the region. According to the respondents condoms are distributed through clinics, health centres, hospitals and offices. Condoms are distributed to bars, bottle stores, shebeens and shops. Ministries, non-Governmental organizations, community based organizations distribute male condoms during community awareness meetings. Condoms are distributed by volunteers to villages and established outlets in communities. Condom use demonstration is done in the community as: Male condoms demonstration is done by non- governmental organizations in communities by using an artificial male organ. The femidom has not been demonstrated in the communities. Even

though condoms are distributed, demonstrations are done only for male condoms in the region there is still a high HIV prevalence rate.

4.4.3. Attitude of people about the use of condoms

This research wanted to determine the attitudes of people about the use of condoms. The attitudes of people were reflected where they either conform to use condoms and there were those who did not accept the practice because they said: In the condoms there are worms that cause HIV infections. If a person uses a condom she/he will not feel anything when having sexual intercourse. The condoms cause them to develop rash so they do not like to use them when having sex. They do not like to use condoms because they want to have children. By promoting using condoms when having intercourse is to encourage people to have multiple partners and involve themselves into prostitution. A femidom is very big, difficult to insert and makes noise during sexual intercourse. According to the research there are two attitudes of people when it comes to the use of condoms. The above information of condoms distributions and demonstration shows that good work on condoms is done in the communities.

With these negative attitudes about the use of condoms by people HIV cannot be expected to be reduced in the future. The HIV prevalence rate of Zambezi Region is high according to the sentinel survey of 2012 it is 37.7% and of 2014 it is 36%. The National Demographic Household Survey 2013 shows HIV among men and women is higher in Zambezi Region compared to the other thirteen regions of Namibia. This situation indicates more must be done to increase the use of condoms in order to reduce the high HIV prevalence rate in Zambezi Region.

4.4.4 The perceptions of community members regarding reasons of high HIV prevalence rate in Zambezi Region

This research wanted to establish the perceptions of community members regarding reasons of high HIV prevalence rate in Zambezi Region than in the other thirteen regions of Namibia. According to the respondents the following reasons are contributing to the higher prevalence rate of HIV in Zambezi Region : People have sexual intercourse with multiple partners, low level of education (literacy), unemployment, lack of money, hunger, lack of HIV/AIDS awareness programmes, alcohol abuse, remoteness, cultural and its practices, Low use of condoms

consistently, Geographical location of Zambezi Region, fishing camps, low level of male circumcision, lack of transport for HIV/AIDS programmes in the communities, poverty, lack of financial resources for HIV/AIDS programmes, religious beliefs and peer pressure. Each of these reasons was explained by the respondents to establish the reasons contribution towards the high prevalence rate of HIV in Zambezi Region.

4.4.5 The HIV awareness programmes currently been implemented in the community

This research determined the following programmes are currently been implemented in the community: HIV awareness programmes on its prevention through information on abstinence, condom use and be faithful to one tested negative partner. Provision of door to door HIV counselling and testing, conduct medical male circumcision awareness programmes, hold of the World AIDS Day commemoration, conduct condoms distribution and demonstration meetings.

4.4.6 Those who are implementing these HIV awareness programmes

This research determined the following organizations are implementing these programmes. Take control of the epidemic (TCE), Ministry of Health and Social Services, Line Ministries and Catholic AIDS Action (CAA). Zambezi Regional Council, Community health Extension workers and Society for family health. Even though these organizations are implementing HIV programmes the prevalence rate is still increasing. The reasons established by this research that contributes to the high prevalence rate of HIV in Zambezi Region were deducted from the responses from the participants. Unless these reasons are addressed the HIV prevalence rate will remain high in Zambezi Region.

4.4.7 The interventions that should be taken into account to address the reasons in order to reduce high HIV prevalence rate

According to the respondents the following interventions must be taken into account to address these reasons to reduce the high HIV prevalence rate in Zambezi Region:

- Hold sensitization meetings on HIV/AIDS for traditional leaders. Conduct HIV awareness to educate police officers and military personnel.
- Hold HIV and AIDS awareness campaigns in the communities. Conduct video shows in the communities.

- Hold radio talk shows on HIV and STIs prevention. Provide transport for HIV/AIDS programs.
- Provide human and financial resources to be able to pay HIV programs and people doing the work.
- Hold condoms awareness meetings in the communities.
- Establish drama groups to educate the communities on HIV/AIDS.
- Create jobs for youth in the communities.
- Provide income generating projects to the communities.

4.4.8 What the respondents want from Government and stakeholders

According to the research respondents want Government to build health facilities with provision services to the communities that are far from services. Both the government and stakeholders must provide funds for HIV/AIDS programmes and income generating projects. Government must ensure that HIV and AIDS information and free condoms distributed in communities reach every corner of the region. Stakeholders must have programmes on HIV awareness in communities where Government services are not available. Government and stakeholders must provide transport for HIV and AIDS awareness campaigns in the communities. The interventions and what the Government and stakeholders should deliver important to contribute towards the reduction of HIV prevalence in the Zambezi Region. The aim of the research was to establish the perceptions regarding reasons of the high HIV prevalence rate in the Zambezi Region than in other thirteen regions of Namibia. The reasons have now been established so all forces must work hard to reduce the high HIV prevalence by implementing the interventions that are identified in the research project.

4.5 Conclusion

In this chapter the findings and discussion of the research have been presented. The next chapter will cover recommendations and conclusion.

Chapter Five

Recommendations and conclusion

5.1 Introduction

This chapter has the following sections; recommendations and conclusion. The recommendation is what the researcher proposes based on findings of the study. This study aim to solve the problem: Why is the HIV prevalence rate higher in the Zambezi Region than in the other thirteen Regions of Namibia?

5.2 Research objectives

The objectives of the study are:

- To assess the levels of knowledge respondents have of HIV and STIs transmissions.
- To determine the attitudes of the people towards the use of condoms.
- To identify the perspectives of the community members on the reasons of higher HIV prevalence in Zambezi Region than in the other thirteen regions of Namibia.
- To make recommendations and provide guidelines how to address the high HIV prevalence rates of the region.

5.3 Discussion of findings

Objective one: To assess the levels of knowledge respondents have of HIV and STIs transmissions.

This research revealed that most of the respondents had knowledge about HIV, how it is transmitted, prevented and how persons can be aware whether they are infected with HIV. They all said HIV is a virus, it is transmitted through sexual intercourse, blood contact or blood products and from mother to child transmission. About STIs the respondents also had knowledge of what its meaning is, how they are transmitted and prevented. Reasons for the HIV higher prevalence rate in Zambezi Region than in other thirteen regions of Namibia can be deduced from the findings. According to the sentinel survey of the 2014 Zambezi Region is still the highest in the country with 36.0% of HIV among pregnant women. It seems that information about HIV and STIs is known by everybody in the region but the prevalence of HIV is high in the region. This objective was an attempt to find out the knowledge respondents had on HIV and

STIs, transmissions and preventions. As HIV prevalence rate is high in Zambezi Region than in other thirteen regions of Namibia. This research revealed that the respondents provided information that proves that they had knowledge about HIV and STIs, transmissions, preventions and how a person can know whether he/she is infected of HIV. The objective was met according to the findings of the research.

Objective two: To determine the attitudes of the people towards the use of condoms.

The aim of this research is to establish condom use and demonstration in the region. According to the respondents condoms are distributed through clinics, health centres, hospitals and offices. Condoms are distributed to bars, bottle stores, shebeens and shops. Ministries, non-Governmental organizations, community based organizations distribute male condoms during community awareness meetings. Condoms are distributed by volunteers to villages and established outlets in communities. Condom use demonstration is done in the community as: Male condoms demonstration is done by non- governmental organizations in communities by using an artificial male organ. The femidom has not been demonstrated in the communities. Even though condoms are distributed, demonstrations are done only for male condoms in the region there is still a high HIV prevalence rate.

This research wanted to determine the attitudes of people about the use of condoms. The attitudes of people were reflected where they either conform to use condoms and there were those who did not accept the practice because they said: In the condoms there are worms that cause HIV infections. If a person uses a condom she/he will not feel anything when having sexual intercourse. The condoms cause them to develop rash so they do not like to use them when having sex. They do not like to use condoms because they want to have children. By promoting using condoms when having intercourse is to encourage people to have multiple partners and involve themselves into prostitution. A femidom is very big, difficult to insert and makes noise during sexual intercourse. According to the research there are two attitudes of people when it comes to the use of condoms. The above information of condoms distributions and demonstration shows that good work on condoms is done in the communities. With these negative attitudes about the use of condoms by people HIV cannot be expected to be reduced in the future. The HIV prevalence rate of Zambezi Region is high according to the sentinel survey

of 2012 it is 37.7% and of 2014 it is 36%. The National Demographic Household Survey 2013 shows HIV among men and women is higher in Zambezi Region compared to the other thirteen regions of Namibia. This situation indicates more must be done to increase the use of condoms in order to reduce the high HIV prevalence rate in Zambezi Region.

The objective was to determine the attitudes of the people towards use of condoms. This research discovered that people had different attitudes about use of condoms. The respondents gave two different attitudes of people towards the use of condoms. Some people like to use condoms when they have sexual intercourse because they want to protect themselves from HIV. Other people say they do not enjoy sex by use of condoms and they experience problems when they use condoms. The attitudes were determined because the research revealed the type of attitudes that must be addressed to reduce the prevalence rate of HIV in Zambezi Region.

Objective three: To identify the perspectives of the community members on the reasons of higher HIV prevalence in Zambezi Region than in the other thirteen regions of Namibia.

This research wanted to establish what the perceptions of community members regarding reasons of high HIV prevalence rate in Zambezi Region than in the other thirteen regions of Namibia. According to the respondents the following reasons are contributing to the higher prevalence rate of HIV in Zambezi Region : People have sexual intercourse with multiple partners, low level of education (literacy), unemployment, lack of money, hunger, lack of HIV/AIDS awareness programmes, alcohol abuse, remoteness, cultural and its practices, Low use of condoms consistently, Geographical location of Zambezi Region, fishing camps, low level of male circumcision, lack of transport for HIV/AIDS programmes in the communities, poverty, lack of financial resources for HIV/AIDS programmes, religious beliefs and peer pressure. Each of these reasons was explained by the respondents to establish the reasons contribution towards the high prevalence rate of HIV in Zambezi Region.

This objective was to identify the perspectives of the community members on the reasons of high HIV prevalence in Zambezi Region than in other thirteen regions of Namibia. According to the research findings the respondents provided their perspectives on the reasons of high prevalence rate of HIV in the region and have been able to mention what makes each of the reasons to

contribute to high prevalence of HIV in the region. Through this objective the research managed to discover reasons that contribute to the high prevalence rate of HIV in the region that should be addressed and intervention were identified.

Objective four: To make recommendations and provide guidelines how to address the high HIV prevalence rates of the region.

This research determined the following programmes are currently been implemented in the community: HIV awareness programmes on its prevention through information on abstinence, condom use and be faithful to one tested negative partner. Provision of door to door HIV counselling and testing, conduct medical male circumcision awareness programmes, hold of the World AIDS Day commemoration, conduct condoms distribution and demonstration meetings.

This research determined the following organizations are implementing these programmes. Take control of the epidemic (TCE), Ministry of Health and Social Services, Line Ministries and Catholic AIDS Action (CAA). Zambezi Regional Council, Community health Extension workers and Society for family health. Even though these organizations are implementing HIV programmes the prevalence rate is still increasing. The reasons established by this research that contributes to the high prevalence rate of HIV in Zambezi Region were deducted from the responses from the participants. Unless these reasons are addressed the HIV prevalence rate will remain high in Zambezi Region.

According to the respondents the following interventions must be taken into account to address these reasons to reduce the high HIV prevalence rate in Zambezi Region:

- Hold sensitization meetings on HIV/AIDS for traditional leaders. Conduct HIV awareness to educate police officers and military personnel.
- Hold HIV and AIDS awareness campaigns in the communities. Conduct video shows in the communities.
- Hold radio talk shows on HIV and STIs prevention. Provide transport for HIV/AIDS programs.
- Provide human and financial resources to be able to pay HIV programs and people doing the work.

- Hold condoms awareness meetings in the communities.
- Establish drama groups to educate the communities on HIV/AIDS.
- Create jobs for youth in the communities.
- Provide income generating projects to the communities.

According to the research respondents want Government to build health facilities with provision services to the communities that are far from services. Both the government and stakeholders must provide funds for HIV/AIDS programmes and income generating projects. Government must ensure that HIV and AIDS information and free condoms distributed in communities reach every corner of the region. Stakeholders must have programmes on HIV awareness in communities where Government services are not available. Government and stakeholders must provide transport for HIV and AIDS awareness campaigns in the communities. The interventions and what the Government and stakeholders should deliver important to contribute towards the reduction of HIV prevalence in the Zambezi Region. The aim of the research was to establish the perceptions regarding reasons of the high HIV prevalence rate in the Zambezi Region than in other thirteen regions of Namibia. The reasons have now been established so all forces must work hard to reduce the high HIV prevalence by implementing the interventions that are identified in the research project.

5.4. Recommendations.

The recommendations are made based on the findings of this research and objective four is addressed.

- More HIV and AIDS awareness campaigns programmes must be organized in the communities.
- Government and stakeholders must make funds available for HIV and AIDS programmes in the region.
- The reasons that contribute to the high HIV prevalence rate in the region discovered by the research must be addressed by all HIV and AIDS implementers.
- Condoms distribution and demonstration awareness must be increased in the communities.
- The interventions identified by respondents during research must be taken into account by government and stakeholders implementing HIV and AIDS in the region.

5.5 Conclusion

The problem statement is: Since the Republic of Namibia has started to conduct the sentinel survey in 1992 until 2012 the HIV prevalence rate in pregnant women of Zambezi Region was higher than other regions by 37.7%. The reasons were unknown what was causing this highest prevalence rate of HIV. As a citizen of the region there is a concern of this situation and this precipitated the interest in this study to establish the reasons that contribute to this high HIV prevalence rate in Zambezi Region.

5.6 Final conclusion

In conclusion, this research was on the perceptions of community members regarding reasons of high HIV prevalence rate in Zambezi Region. The levels of knowledge of respondents about HIV and STIs transmission and prevention have been determined. More still needs to be done to provide information on HIV and STIs to members of the community in the region. Condoms are widely distributed and demonstrated in communities according to the findings but the femidom is not demonstrated as no model is available. This needs to be addressed to encourage women to use it correctly. When it comes to condom use in the region people have attitudes that are still contributing to the high prevalence rate of HIV in the region. More awareness campaigns are needed to change the negative attitudes of people about the use of condoms in the communities.

The reasons that contributes to the high HIV prevalence rate in the region has been identified and they are as follows: .People have sexual intercourse with multiple partners, Low level of education (literacy), Unemployment, Lack of money, Hunger, Lack of HIV/AIDS awareness programmes, Alcohol abuse, Remoteness, Cultural and cultural practices, Low use of condoms consistently, Geographical location of Zambezi Region, Fishing camps, Low level of male circumcision, Lack of transport for HIV/AIDS programmes in the communities, Poverty, Lack of financial resources for HIV/AIDS programmes, Religious beliefs, Peer pressure. The interventions to be taken into account to reduce HIV prevalence rate of the region were in identified and are included in the findings. Finally the recommendations to reduce HIV prevalence rate have been suggested by respondents and are included in the findings.

6. Bibliography

1. AIDS Law Unit Legal Assistance Centre 2010.
2. Christensen, L.B., Johnson, R.B. & Turner, L.A. (2014). *Research Methods, Design and Analysis* (11th Ed). Pearson.
3. de La Torre, C., Eckert, S.E.E, Luna, J. & Hover, T.K. (2009). *HIV/AIDS in Namibia Contextual and Behavioural Factors Driving the Epidemic*.
4. de Vos, A.S, Strydom, H., Fouche, C.B. & Delport, C.S.L. (2005). *Research at Grass Roots*, 3rd Edition.
5. *MY Future is MY Choice* Ministry of Education October 2006 Namibia.
6. Mwilima, A. (2010). *Factors that are Drivers of HIV epidemic in Zambezi Region*.
7. *NAPPA Sexual and Reproductive Health Training Manual*.
8. *National Demographic Household Survey* Ministry of Health and Social Services 2013.
9. *Sentinel Survey* Ministry of Health and Social Services 2012 Namibia.
10. *Sentinel Survey* Ministry of Health and Social Services 2014 Namibia.
11. *UNAIDS Global Reports 2002, 2008, 2011, 2012 and 2013 and 2014 Fact sheet Global statistics*.