

Swahili transcript:

Nicholaus: Kutokana na maelezo yako kwamba zamani ilikuwa kwamba ukimwi ulikuwa kama ni ugonjwa wa mjini, na kama ulivyosema kwamba utakuta kwamba katika sehemu fulani kama za Arusha kwamba kuna ukimwi zaidi kuliko sehemu nyingine. Ni kwamba bado ni hivyo hivyo kweli kwamba ukimwi ni ugonjwa wa mjini au sasa hivi unaweza ukawa sehemu zote tu, vijijini, mjini?

Mtoa mada: Mimi nadhani maambukizi mengi yanatokea kwenye maeneo ya mjini, lakini sasa inaingiliana na vijijini na uhatari unakuwa vijijini zaidi kwa sababu mbili kuu; Ya kwanza, watu wanaoishi mijini wako kwenye nafasi kubwa zaidi tukiangalia ile hali nzima ya jamii zilivyo za mijini, utakuta kwamba yaani masuala ya tamaduni na nini na miiko hamna. Kwa hiyo moja kwa moja watu wanaoishi maeneo ya mijini utakuta mara nyingi wako kwenye hali ya uhatari zaidi. Lakini shida inakuja kwamba mara nyingi tuna ile hali ya kurudi vijijini, kwenda kutembelea ndugu, kwenda kumtembelea babu, mjomba, kwa hiyo hii inakuwa ina athari zake na yenyewe. Kwamba utakuta kwamba mtu ameenda kijijini, mtu ameambukizwa mjini lakini anaenda kijijini na akienda kijijini mara nyingi watu wanaotoka mijini wanachukuliwa tofauti, kwamba anachukuliwa ni wa heshima ya juu zaidi kwa hiyo ni rahisi kutembea na watu wa pale. Sasa utakuta kwamba masuala kama ya matumizi ya kondomu, masuala kama ya... vitu mbalimbali yaani watu hawaoni kama kuna uhatari zaidi ya kupata virusi vya ukimwi zaidi vijijini, kwa hiyo moja kwa moja watu hawako makini. Kwa hiyo moja kwa moja utakuta kwamba athari zinakuja vijijini. Kwa hiyo inatoka kuwa ugonjwa wa mjini na unakuja vijijini, kwa hiyo hiyo ni kitu cha kwanza. Kwa hiyo utakuta kwamba mtu anapata ile first case inakuwa mjini lakini na mara nyingi anakuja kijijini na anaambukiza kwa watu wengine. Na tatizo zaidi linakuwa kwenye masuala mbalimbali ya afya, vijijini watu hawachukulii umakini zaidi kwenye masuala ya vitu kama kujaamiana na kitu cha namna hiyo. Kwa hiyo utakuta kwamba watu japokuwa kweli tunasema kuwa kuna miiko na nini lakini kuna mambo kama hayo, kwamba mtu anatoka mjini anakuja anajaamiana kijijini, kijijini kule utakuta inapita chinichini, kwa hiyo siwezi nikasema tu kwamba ni ugonjwa wa mjini, sasa hivi unaanza kuingia vijijini. Na tatizo kubwa ni kwamba vijijini hawajakubaliana na hilo suala kwamba ni ugonjwa wao, kwa hiyo wote wanafikiria kwamba watu wenye virusi vya ukimwi wako mjini, wanasahau kwamba wale watu wa mjini wanakuja vijijini baadhi ya siku. Kwa hiyo unaweza ukaenda sehemu ambayo kweli ni remote, kweli ni sehemu ambayo unaweza ukadhania kwamba watu hawawezi kuwa na virusi vya ukimwi, lakini unaweza ukapima na ukakuta watu wana virusi vya ukimwi. Na mara nyingi watu wanapata tatizo watu wanaofanya upimaji kwa sababu watu wa vijijini hawakubalini kwamba huu ugonjwa unafika hadi vijijini. Lakini sasa hivi tunapoangalia, trend inabadilika, unatoka kuwa wa mjini unakuja kijijini kwa sababu mbalimbali kwamba mjini taarifa zimegonga vizuri, sasa hivi watu wanajua uhatari uliopo, namna unavyoweza kuambukizwa na vitu vya namna ile, lakini vijijini ile taarifa kidogo haijaingia kwenye vichwa vya watu, kwa hiyo ni ngumu, kwa hiyo vijijini sasa hivi ni

tatizo zaidi, kwamba ni kama kuna kuondoka kutoka mjini na kwenda kijijini kwa sababu sasa hivi hata ukimhoji mmm! nani tunasema hawa wanaofanya makahaba wa mjini, atakuambia mimi siwezi kufanya mapenzi bila kutumia kondomu, atakuambia labda lazima tufanye hiki, kwa hiyo kuna hali fulani ya kuhamasika na kubadilika ambayo iko mjini ambayo bado haijafika kijijini. Kwa hiyo inaonekana kwamba ugonjwa unarudi unatoka mjini unaenda kijijini zaidi.

Nicholaus: Sawa sawa, halafu pia kitu kwamba kiumri, kiumri sasa hivi pia upo ni kwa miaka yote au kuna watu wa umri fulani ambao wako kwenye hatari zaidi?

Mtoa mada; Aaa, tukiangalia mara nyingi kitaarifa tulizo nazo, kwa sababu tunajaribu kuangalia taarifa mbalimbali za mashirika mbalimbali, lakini taarifa zinaonyesha kwamba kiumri kuanzia miaka kumi na tano mpaka miaka thelathini na tano ndio kundi ambalo, ndio rika ambalo linaathirika zaidi na virusi vya ukimwi. Kwa hiyo, hiyo ndio hatusemi kwamba wakubwa hamna zaidi ya thelathini na tano, wapo lakini sio wengi kama hiyo cluster tuliyoitaja hapo, yaani hilo group la age kwamba group la kumi na tano hadi thelathini na tano, hiyo ndio wameathirika zaidi.

English translation:

Nicholaus: As you pointed out earlier, the HIV/AIDS disease was known as a town disease. It was believed that people who live in towns were the ones who had AIDS. Again, in some places in Arusha region, there were some places where the disease was common when compared to other places. Is it true that it is still known as a town disease or now that it has spread everywhere, is it in towns and also in villages?

Presenter: I think that many people in towns have AIDS, but now it is common in the villages too. If that is not enough, the infections are worse in the villages when compared to towns. To elaborate, people in towns contract the HIV virus because of their social behavior. In the towns, there is no strong emphasis on traditions and customs. People live the way they wish, and no one tells them what is good or what is bad. People in the villages get the HIV/AIDS virus from town people who have been infected with the virus. They go back to their villages to visit their siblings, grandfather, uncle and other relatives. When the town people come back, the villagers regard them with great respect. It is easy for town people to have sex with anyone they want in the village. In the villages, people are not aware, and they are not serious about using protections like condoms. It is easy for them to get the HIV/AIDS virus from people who come from the towns. Therefore, the AIDS disease changes from being a town disease to also becoming a village disease. Most people in the village do not care about their health so they make love without using condoms. Due to their carelessness, they get AIDS more easily.

Another thing that causes the spread of AIDS to the villages is that village people do not accept it as their disease. They believe it is a disease of people in the towns. They forget that, at the end of the day, people from the towns return to the villages. For example, you

can visit a very remote area thinking that no one has AIDS in that area. Surprisingly you will find people who have been infected with the disease in these remote areas. Sometimes HIV/AIDS experts, who deal with testing, have big challenges in the villages, because village people do not accept AIDS as their disease. Neither do they believe that village people can get AIDS.

As we see now, the trend has changed. It has moved from being just a town disease to also becoming a village disease. People in towns have heard about HIV/AIDS. They know how people get it, how to avoid being infected. But in the villages, people do not have enough information, or if they do have it, many of them don't care. In towns nowadays, if you interview the towns' prostitutes about making love, they will tell you that they cannot have sexual intercourse without a condom. This shows how much people in the towns have changed their attitudes towards sexual intercourse. This is still not accepted in villages.

Nicholaus: All right. What about age? Are there any specific age categories which have been affected more than people in another age category?

Presenter: In our records, because we look at what other organizations have discovered, the data show that people from 15 to 35 years old are the group which is more infected with the HIV/AIDS virus. But here we do not mean that people more than 35 years old do not have AIDS. No, they have AIDS but not as much as this cluster we have mentioned here. This group of 15 to 25 years old is the group most infected with HIV/AIDS virus.

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