

MOVING TOWARDS INCREASED ADHERENCE TO HIV PREVENTION MECHANISMS FOR HIV PREVENTION AND CONTROL IN RWENZORI REGION



Contextual background:

Prevalence of the HIV/AIDS in the Rwenzori community is high, ranging from 8-11.4% despite existence of health educative programs promoted since the 1990s for the prevention of HIV (Abstinence, being faithful to one's partner, condom use and prevention of mother to child transmission) by a wide range of stakeholders comprising of Government through the Ministry of Health (MOH), local governments through development partners and Non Governmental Organizations (NGOs), the situation continues to worsen with increasing new cases of HIV/AIDS. Indeed, it is true and evident that on the daily basis men, women and youth both married and unmarried engage in sexual intercourse which means abstinence and faithfulness are on the lower rate. This makes consistent and effective use of a condom and PMTCT to be the last alternatives.

The recent research in the region on factors for poor adherence provided more facts for increasing rates of HIV in the region like;

- People are not heeding to the messages because of high sexual libido and strong sexual desires, drives and instincts which is explained by Sigmund Freud analysis on the functionality of the human mind using the ID, EGO and SUPEREGO. This has led to a situation where people with access to information and resources act
- both consciously and unconsciously into un protected sex with less fear of the HIV threat and with less moral consideration on the implications and effects.
- People no longer see HIV as a threat or life threatening disease. The availability and use of drugs as well as campaign on positive living where people are giving testimonies of living more years has made people to have hope with less fear for HIV. The youth especially girls only
- seek family planning services to control pregnancy from health facilities and many go to seek abortion services.
- Testing among the married and unmarried is very low: knowledge on the HIV status has not been a concern/priority while engaging in sexual relationship for most people thus making individuals act in darkness and develop false confidence and trust among their partners. Many married couples develop disagreement

when it comes to testing, though expectant mothers

- The last resorts of condom use and PMTCT have bigger challenges. People don't use condoms though they have knowledge partly because they don't enjoy sex with condoms, feel pain, fear for condom burst, getting stuck in the vagina and cancer fears among women. Whereas PMTCT has been limited to pregnant mothers and information accessibility on it is only among 11% of the population.
- There are practices, beliefs and values within different cultures and religions

that have increased the vulnerability of communities like early marriage, widow inheritance, false faith that mislead their followers on the choice of partners for the case of Distra Bisaka and HIV healing prayers by Pentecostal pastors

- The household economic situations played a catalyst role on peoples vulnerability to HIV
- The family up-bringing to instil values in children and guiding members has broken down
- Leaders have not become role models as

many don't educate the public while other engage in extra-marital affairs

- Both educated and illiterate parents do not share HIV information with their children because parents shy away and perception of fear to promote promiscuity among children

The findings present a glaring and threatening situation especially when people are driven by strong physical sexual instincts and desires and no longer fear the infection. This calls for quick action from all actors

Key messages

- Community/household testing services. With a target to have every Uganda tested and aware of the sero status. It is very rare for HIV negative person to voluntarily have an affair/ start a relationship with HIV positive person knowingly. Many people from post-test clubs started the sexual relationship without testing. Testing would help people make informed choices.
- Household and family approach with a view of instilling values, discipline, fear and life management skills as well as income improvement. All actors including the church, NGOs and the government to be proactive.
- Adoption of new public education strategies that can lead to all citizens being able to test, instil values and fears among all Ugandans
- Legislation and enforcement. appropriate Policies on HIV prevention be made from parliament to district and sub-county levels and be enforced with a view of instilling discipline, fear, better family values and support and protection of vulnerable individuals and households

Actions to be taken by different actors

Religious leaders

- Work through church structure to reach the families and emphasis moral values
- Sex education for young people (through YCA, Mothers union and Father Union)
- Emphasis during Sunday summons
- Seminars for couples and congregation by inviting resource persons to enrich the sessions
- Message on testing

Media: Giving information to public through news, and other programs

- Advocate for behavioural change
- Promotion of measures
- Sensitization of the dangers
- Packaging specific programs with a bias on HIV

CSO

- Advocate for district ordinances to facilitate the HIV prevention and Control
- Strengthen partnership with service providers for joint campaign
- Advocate for integration of family planning reproductive health and VCT
- Conduct and encourage testing services

Local Leaders (Easy access to the community at any time)

- Mobilize the community and sensitized regularly on HIV
- Follow ups between community and service providers for effectiveness in implementation
- Passing and enforcement of HIV prevention laws and policies
- Be models

Health technical staff

- Health education on environment factors in the community cultural, pantograph, alcohol and virginity
- Enforcement of legislation , policies and standards on HIV/AIDS prevention and care

MPs

- Monitoring obligation and reported cases are concluded with transparency (defilers)
- New policies and review the weak and shaky laws
- Policy on cultures (widow inheritance)
- Revising the penalty that are realistic on defilement (as the law only caters for boys when the girls are in wrong)
- Intensify policy monitoring and working with think tank on the issues
- Lay strategies specific for communities as per each county for practical intervention and linking with local leaders
- Policy on research findings for use at the district levels for response and actions
- Intensity evaluation on the plans and their success and failures and re-planning