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Against a sea of troubles: AIDS control in Uganda

HIV infection has spread at an alarming rate in Uganda and is continuing to do so. Polygamy and other long-standing cultural practices on the one hand, and certain life-styles adopted under Western influence on the other, have done much to make the AIDS epidemic so severe. Women are potentially a force for confronting the situation, provided that they are made aware of their rights and empowered to take decisive action in education and other fields in defence of themselves, their children and, indeed, the whole of society.

In 1986 the government of Uganda embarked on an anti-AIDS programme that concentrated on the worst-hit areas of the country. However, as the situation continued to deteriorate rapidly the AIDS Support Organization was set up in 1987; today its responsibilities include counselling people with AIDS, caring for patients, and training counsellors. There is a support centre in each of eight districts and it is hoped to open more. Home visits can be made only to patients living within 20 kilometres of a centre because of a shortage of transport.

The majority of the patients are women and children. Other organizations are trying to introduce services of the same kind but are encountering considerable difficulties.

Changes in behaviour could help to control the disease, although there are obvious social, economic and cultural implications.

In some parts of Uganda, when a man dies his brother is expected to "cleanse" the death by having sexual intercourse with the widow and then to take full responsibility for her and her children. This deep-rooted custom contributes greatly to the spread of HIV. The surviving brother usually has his own, possibly large, family to care for and is likely to find his meagre resources inadequate to cover the needs of the deceased's family as well, particularly in view of the common practice of polygamy. The lives of the surviving brother and his wife or wives are clearly at risk if the deceased has died of AIDS, but it may be difficult to convince people that the traditional custom should be abandoned, especially in areas where the epidemic has not yet been gravely felt. Widely held superstitious beliefs complicate the situation.

In 1990 the AIDS Support Organization introduced a community workers' programme, to which women have responded in substantial numbers. It involves church leaders, traditional healers,
health workers and all other opinion leaders at the grass roots. It is hoped that this approach will induce people to rid themselves of practices that contribute to the spread of HIV. Without involvement of the broad mass of people, very little can be achieved.

The health of the people cannot be improved solely through the provision of medicines and health services. Information on the nature of HIV has to be disseminated. In the absence of this and other information, people commonly turn to traditional healers, some of whom make charges yet fail to help patients at all.

The community workers’ programme aims to provide:

— training on AIDS awareness and community mobilization;
— counselling in communities by community members;
— medical services through referral by the community workers to the support centres;
— educational materials such as pamphlets and posters;
— encouragement for income-generating activities among families in order to alleviate their economic problems.

The most effective method of preventing the spread of HIV, other than abstention from sexual intercourse, is to use condoms. However, this measure is being adopted only very slowly in Uganda for cultural reasons and because of the cost. Difficulties arise in counselling because of a reluctance to discuss sexual matters. The provision of certain facilities at affordable cost presents problems. Community leaders often show little interest in advocating the use of condoms, mainly because of a lack of proper information on the importance of protecting communities without interfering unduly in their personal lives. It is very hard to persuade people to end long-standing practices. The general view is that anyone opting to use condoms is probably promiscuous. People who encourage the use of condoms tend to be regarded as being bent on promoting an immoral life-style. This kind of attitude results in very little being said about condoms. Consequently, the few people who would prefer using them do not get the opportunity to learn how to do so.

Furthermore, the advantages and disadvantages of using condoms are not explained and people may not even discover the proper channels for obtaining them. In some areas this has resulted in the surreptitious buying of condoms at exorbitant prices.

Nevertheless, the AIDS Support Organization has done much to encourage people to use condoms. People are becoming more ready to learn about protective measures for the good of their health. The Organization tries to work with traditional healers, tribal leaders and religious leaders, who all play a major role in information-giving and counselling. A lot of valuable information is being disseminated by them with the help of the Organization’s doctors and counsellors. Weekly prayer sessions have been arranged at our clinics by both the Christian and Islamic sectors of society. Some religious groups were initially hostile but there are
ALONE

Out there somewhere, alone and frightened of the darkness, the days are long. Life of hiding, no more making new contact, no more loving arms thrown around my neck. Take my hand now...

Out there somewhere
Alone and frightened
Of the darkness
The days are long
Life of hiding
No more making new contact
No more loving arms
Thrown around my neck.

In times of joy
In times of sorrow
Let's take a stand and fight on to the end
With open hearts
Let's stand out and speak out
To the world
We'll save some lives
Save the children of the world.

Take my hand now
I am tired and lonely
Give me love
Give me hope
Don't desert me
Don't reject me
All I need is love
And understanding.

Let's be open
Advise the young ones
A new generation
To protect and love
Hear them singing
Playing, laughing
Let's give them everything
In truth and love.

Today it's me
Tomorrow someone else
It's me and you
We got to stand out and fight
We'll shed a light
In the fight against AIDS
Let's come on out
Let's stand together and fight AIDS.

Take the message
Cross the frontiers
Break the barriers
We'll fight together
The doors are open
We'll lead the struggle
We won't bow down in defeat
We'll fight on.

The words and music of this song were written by the singer, the late Philly Bongokey Lutaaya, when he realized he was dying of AIDS. We reproduce the song by kind permission of his brother, A.K.P.M. Lutaya, P.O. Box 748, Kampala, Uganda.
now signs that the churches will lend their weight to anti-AIDS campaigning. The tribal leaders, if they receive enough information on the modes of transmission of HIV, should be able to help to achieve cultural readjustment throughout the country.

A marked response has been given by women as leaders of organizations and community projects. The government has stressed the need to revive the healthy life-styles that tended to disappear under Western cultural influence. These approaches offer hope in the long term. However, in view of the seriousness of the spread of HIV infection, more drastic action is also needed.

Role of women

As a consequence of widespread HIV infection, people in all communities are losing their loved ones. Women have been particularly affected and their response to government anti-AIDS campaigns has been outstanding. Women now play a leading role in AIDS education, the care of patients, and counselling at community level.

The overall age distribution of AIDS cases in 1989 was as follows: 0–5 years, 10%; 6–15, 0%; 16–40, 80%; 41 and above, 10% (1). However, the social and economic status of women in a male-dominated community means that they are more frequently infected than men. There is a comparatively high rate of infection in women of all ages. This can be partly explained by the following cultural circumstances.

- Women are not expected to discuss sex in public.
- A woman cannot make decisions with her partner on changes in sexual behaviour.

- Whereas a woman is not expected to remarry if her marriage breaks up, it is very acceptable for a man to have as many wives as he wishes.

The status of women cannot be improved unless they are educated about their rights and empowered to exercise them.

Women are regarded as the carers in the home. Yet they have no say in the home on matters affecting their status and have to accept whatever their male partners choose to do. As a result, women are easily susceptible to infection.

Women play a large part in agriculture, Uganda’s main industry. The growing rate of HIV infection in women has consequently damaged the country’s food programme. Tradition dictates that people should not work on the land when someone in the neighbourhood has just died.

How can children cope with the loss of their parents, particularly their mother? An infected woman may have co-wives, but they also may be infected. Even if they are not, they may not be economically capable of caring for additional children.

The main concern of mothers who are HIV-positive is for the future of their children. If her husband dies, a woman may
lose all their joint possessions to inlaws; if a woman dies it is likely that her children will no longer be well looked after. These women are thus afflicted psychologically as well as physically.

Social and economic problems account in considerable measure for poor responses by women to both medical and counselling services. The improvement and maintenance of women's health demands a sustained effort in education, the upgrading of social services at the grass roots, and campaigning on women's rights and empowerment to claim them. In view of the overstretched state of the social and medical services, community participation is vital in these areas.

A mother finds it difficult to give her children advice on AIDS in relation to sex if she cannot even discuss the subject freely with her husband. She may feel that all she can do is pray that her teenage children will avoid the deadly disease. If the worst happens she has to accept it and watch her children die. If a mother is the first member of a family to become ill she is likely to be regarded with some bitterness by both her husband and his family. On the other hand, if the husband falls ill first the wife usually stays by his side to the end.

Much remains to be done in addressing women's problems, children's education, and other matters. The AIDS Support Organization is doing everything it possibly can but its activities are severely restricted by a shortage of funds.

Reference

Child labour

According to the International Labour Organisation, some 55 million children under the age of 15 were working in the developing countries in the late 1970s. As this estimate includes only full-time workers and the figures are provided by the countries concerned, it is likely to be a gross understatement. ... Children may be engaged in tasks that are too strenuous for them or they may have to work in insanitary conditions. They may be forced to roam the streets or to live in a social environment conducive to asocial behaviour and prostitution; they may have to work long hours and to be away from home for most of the day and even night; they may be underpaid and underfed, and they receive no education or other benefits. ... The effects on health are manifold, but not fully known and difficult to investigate because child labour is often illegal and concealed.