Knowledge of HIV/AIDS among women in rural Ugandan villages

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Learner objectives

1. Explain the purpose and procedures for a study of knowledge of women in rural Uganda regarding HIV/AIDS
2. Classify the knowledge of women in rural Uganda regarding HIV/AIDS into three themes.
3. Apply the findings from a study of the knowledge of women in rural Uganda regarding knowledge of HIV/AIDS to global health concerns.

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Uganda
Partnership in Kasubi

AIDS support program
Child sponsorship program
Churches
Schools
Medical clinics in Uganda, Congo, Sudan, Rwanda
Construction teams
Volunteer medical teams travel to rural areas: set up temporary clinics
Medical, dental, glasses, pharmaceutical, teaching
Lack of services
Extreme poverty
AIDS in Uganda

- 1980’s epidemic: > 30% HIV +
- Rapid acknowledgement
- National prevention and treatment
  - Gov’t condom distribution
  - Voluntary male circumcision
  - Anti-retroviral therapies
- Prevalence rate decreased to 6.4%
Statistics now

Facing another rise in new HIV transmission (83,000 annually)
1.5 million HIV +
28,000 AIDS related deaths
Reasons
• Gender based violence
• Stigma, discrimination
• Condom refusal, complacency
• Shortage of Health care workers, drugs
• Focus treatment, not prevention
Strategies

• United Nations Sustainable Developmental Goal 3: Good Health and Well-being
  – By 2030 end epidemic of AIDS
• Knowledge, counseling key ways to fight the crisis
• Focus on communities, villages, for prevention, detection, referral
Qualitative study: Knowledge of HIV/AIDS among women in rural Ugandan villages

Purpose:
• How much education reaches remote rural villages?
• How is it understood by the women? (disproportionate risk for HIV)
• Basic correct understanding impacts prevention.
• Assessment of knowledge is the first step to implement strategies that might impact beliefs and behaviors.
Procedures

• IRB approval
• convenience sample of household women in two rural villages in Uganda, focus groups assembled and interviewed.
• The women were asked through an interpreter about their perceptions of the risk factors for HIV/AIDS, the difference in HIV and AIDS, the symptoms, prevention, and treatment.
• Discussions were translated, recorded, and analyzed for the scope and accuracy of responses.
In Rutooma, a mountain village in the western mountains of Uganda, the focus group consisted of 25 women ranging in age from 20-58.

The second focus group was assembled in the village of Nampunge, which is located in the Central Region of Uganda. The group there consisted of 33 women ranging in age from 18-65.
Theme 1: The women of these two rural villages had mostly accurate, but basic knowledge about HIV/AIDS. They were most aware of transmission and prevention, and had obtained this knowledge by word of mouth. They were less clear on the difference between HIV infection and AIDS and the exact nature of treatments.
“Would you be able to catch cancer in caring for someone the same as you catch AIDS?”
Theme 2: The main concerns expressed: access to treatment and prevention

“We cannot get the treatments or the tests here”
Cultural barriers interfered with implementation of prevention.

Partners refused to wear condoms, and unfaithfulness of partners was a shared concern. Abstinence was not seen as an option.
Theme 3: More than the concern about HIV/AIDS was the concern for access to reliable and effective contraception.

Many questions and requests for help surrounded this concern.
“How is it that you have only two children?”
Conclusions

• These results are important for HIV/AIDS prevention strategies in rural Uganda.
• Knowledge appears to be accurate, however limited access to treatment and testing
• There seems to be a cultural impediment to behaviors that would control transmission and present challenges.
Thank you!!