CIVIL SOCIETY FUND **Strengthening Civil Society for Improved HIV/AIDS and OVC Service Delivery in Uganda**

Factors influencing knowledge levels regarding identifying ways of preventing sexual transmission of HIV, rejecting major misconceptions and the correct steps on condom use in Uganda

Final Report

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Julian K. Bagyendera
Principal Investigator

Executive Summary

Introduction: Despite numerous interventions in behaviour change communication for HIV prevention, comprehensive knowledge about HIV transmission and prevention remains very low. Whereas previous studies such as the 2012 Civil Society Fund Lot Quality Assurance Sampling (CSF-LQAS) , the 2011 Uganda AIDS Indicator Survey (UAIS), the 2006 and 201106 Uganda Demographic Health Surveys and the 2005/6 Uganda HIV/AIDS Sero-behavioural Survey identify populations with low knowledge on the correct ways of transmission and preventing HIV, they neither explain the factors influencing low levels of comprehensive knowledge nor offer proposals for addressing low comprehensive knowledge among populations aged 15 – 54 years.

Objectives: This study examined factors influencing knowledge levels regarding identifying ways of preventing sexual transmission of HIV, rejecting major misconceptions and the correct steps on condom use in Uganda amongst populations aged 15 – 54 (youth 15-24, men 25-54, females 25-49 years) in the 4 geographical regions, in the districts of Adjumani, Hoima, Kaberamaido, Mubende and Mukono districts. These districts were selected to ensure a geographical regional representation of the findings

Methods: This was a cross-sectional study conducted using a combination of quantitative and qualitative research methods used concurrently involving use of interviewer-administered structured questionnaires (8640 respondents), 20 Focus Group Discussions (FGDs) and 30 Key Informant Interviews (KIIs) assessing the factors influencing knowledge related to HIV and AIDS.

Key findings

Overall assessment of HIV Knowledge:

- Most people (96.4%) are able to correctly mention at least one way through which HIV can be transmitted. The most commonly mentioned was male condoms (71.3%). A large proportion mentioned PMTCT (84.8%)
- Significant proportions also answer postively to HIV transmission ways that are misconceived such as mosquitoes (35.1%), sharing utensils (18.9%) and eatingfood with an inefected person (10.1).
- Across districts and sub-populations, there are glaring knowledge gaps about HIV, steps in HCT and condom use, PMTCT, SMC and amount of information about STI symptoms
- Many still lack information about the specific actions and steps to follow in applying some of the approaches such as condom use, PMTCT, HCT, or SMC. There is only basic information about the approaches.
- The major challenge both with the service providers and general community is the attitude and belief that people know enough about HIV. Consequently many make limited effort to learn more about HIV address deep-seated misconceptions and get sufficient knowledge about tested prevention approaches

Influence of socio-demographic factors on HIV knowledge:

- Disaggregation of knowledge levels by district shows statistically significant differences; Hoima has higher proportion (66%) of participants followed by Kaberamaido (50%) that know at least 2 actions that reduce MTCT; Adjumani scores least (35%) on the correct condom use steps. Hoima showed higher knowledge levels on SMC and STIs (P value< 0.000)
- Statistically significant differences are evident between individual socio demographic and economic factors and knowledge about selected aspects on HIV transmission and prevention.
- A higher proportion of women knows at least 3 correct steps to get HIV test than men and youth but cannot correctly identify at least 2 common STIs. Similarly, they know the actions that reduce MTCT while men score better on steps for condom use, identification of STIs and information about SMC (P<0.000 for all).
- Results from logistic regression show that other Christians mainly the "Born Again" are more likely to have less comprehensive HIV knowledge (OR=0.42, P<0.001) compared to other religious categories.

Influence of community factors on knowledge of HIV:

- Most common beliefs about HIV which depict lack of appropriate understanding of the epidemic are not necessarily cultural but largely individual misconceptions.
- Few people talk about witchcraft and prayer as forms of HIV transmission and treatment respectively. However, there are still limits within traditional cultural and religious norms and values regarding sex which inhibit open discussion of sexual matters because they are sacrosanct.
- From cultural and religious perspectives, condom use is still largely considered to be at variance with the meaning and purpose of coitus and dismissed as an abhorrent practice.
- Partly as a result of the considerable obscurity that clouds condom talk, the initiative to learn how to correctly use condoms remains low.
- Differentials between men, women and young people about various aspects of HIV knowledge and service related information also arise from gendered socialization regarding sexuality, role ascriptions and power relations. Men are expected to succumb last in the event of a calamity as devastating as HIV/AIDS. Seeking HIV services, even information, may be construed a sign that one has succumbed.

Influence of service -related factors on knowledge of HIV

- Health education has suffered considerably and is less prioritized as a service, in addition to conflicting messages relayed by some of the stakeholders and the moralization of the epidemic
- There are challenges related to weak coordination, limited capacity and lack of commitment from different stakeholders charged with HIV service provision. While district staff complain of poor integration of HIV activities at lower levels, CSOs complain of lack of will by civil servants unless an activity offers material or financial gain.
- Service centres for HIV information and care are often distant; scope of service is limited mostly to HCT. Few VHTs are active. Community awareness campaigns are quite rare.
- Due to funding challenges, a number of key CSOs in the study districts had wound up implementation of activities due to CSF project closure. Most external funding for district health programs in general and HIV in particular is limited to static health services and delivery of HIV information as an integrated service.

- Through logistic regression, compared to those who have no access to information, respondents who learnt about HIV from radio and health workers are 6.7 and 5.5 more times respectively, likely to have comprehensive knowledge.

Recommendations for increasing knowledge levels about HIV

Regular sensitization and training in communities: There is need for continuous, regular sensitization of whole communities about HIV. Focus on knowledge is required not simply about HIV services but for people to reject misconceptions and to learn the correct steps to use the services, including condoms. Health education should be prioritized as a critical stand-alone area of attention in the country HIV response and approaches leaning towards its integration into other service programs reconsidered.

Working with local leaders: All leaders, political and technical, should organize community forums to talk about HIV, its dangers, transmission ways, prevention approaches and technologies and places where one can get services. Poorly informed leaders and community service providers such as VHTs need to be equipped with appropriate IEC and models of delivery to be able to disseminate well to others. Organizations carrying out interventions should use local authorities including LCs to do mobilization for HIV programs in order to attract more people attend such programs.

Use effective communication channels and timing: While there is need for more programs on radio to capture wide audiences, and interpersonal channels to reach different audiences to provide more in-depth information, effective ways of IEC should be reconsidered. Messages should be comprehensive in content so as to give opportunity to people to learn all that is required, not simply a mention of HIV transmission ways. There is therefore need to repackage intervention messages.

Innovative use of social and other public events: It is not easy to bring all people together except on particular occasions such as funeral places, places of worship, and spontaneous public gatherings where people of all shades come around. All these are good opportunities for dissemination of HIV information but are seldom used. These need to be used more for dissemination of HIV information.

Better Targeting of HIV IEC efforts: Specific target groups should be considered for well packaged information depending on their knowledge gaps. This study shows that a higher proportion of women know about HCT and PMTCT than men and youth but know little about STIs, correct condom use and SMC. This calls for deliberate targeting of categories that have paucity of information on particular HIV interventions.

Deliberate funding support for sensitization and training: While health workers and a variety of other service providers are expected to deliver appropriate information about HIV, many are constrained due to low motivation and facilitation. Service providers including VHTs and other community-based workers require more support to play their roles, to mobilize their communities and fill knowledge gaps on a sustainable basis. This requires deliberate programming specific for HIV education. Funds should be set aside and provided to local governments, CSOs and community structures under a specific program for HIV education, training and capacity building of actors.