

UGANDA HIV/AIDS CASE STUDY

This article examines the political dimensions of Uganda's progress in bringing a generalised HIV/AIDS epidemic under control. The article.

Sixty nine percent range 47%–79 percent of women favored circumcision for their partners, and 71 percent range 50%–90 percent of men and 81 percent range 70%–90 percent of women were willing to circumcise their sons. Female politicians also have a vested interest in providing services that are beneficial for the health of other women. Next, the field research was designed and pre-tested in Mpigi District. Because women are far less engaged in the professional sector than their male counterparts, many women feel reliant on the financial support of men. The promotion of behaviour change will focus not only on the individual behaviour, but will equally focus on the collective behaviours, and the norms and the values of the community. The national AIDS Indicator survey in also indicated that over 48 percent of adult men were willing to be circumcised, generating a critical mass of demand for male circumcision. Uganda and Zambia. In Uganda, it is more practical being the recognition by the public government and public donor that a private philanthropic health facility can receive free test kits for HIV screening, free mosquito nets and water purification to reduce opportunistic infections and free testing and treatment for basic infections of great danger to PLHA. While these arguments are commonly presented as explanations for high HIV rates in sub-Saharan Africa, they each invoke glaring flaws. Field work was conducted in Kabarole District 26 May-4 June. History[edit] An overarching policy known as "ABC", which consisted of abstinence, monogamy, and condoms, was set up with the aim of helping to curb the spread of AIDS in Uganda, where HIV infections reached epidemic proportions in the s. Deborah Mouhoumouza, former teacher. Some leaders of small community-based organisations also report they are aware that they are more likely to receive money from PEPFAR which is the largest HIV-related donor to the country if they mention abstinence in their funding proposal. The other central finding of the Rakai study was that, due to Uganda's focus on prevention of the spread of HIV-AIDS, rather than treatment for those who had already contracted the disease, a large part of the decline in prevalence of HIV-AIDS is due to the premature death of those who have contracted it. Rural women are one of two target groups identified by the Plan in urgent need of intervention. In Uganda, because women play an active role in the professional and political realms, they are able to feel empowered and avoid reliance upon a man for financial stability. I conclude my argument by dismissing three common arguments used to explain high HIV rates; laws and stigma against homosexuality, general poverty, and biology. Women are identified as a "highly vulnerable group" for the following reasons: a less than half of the women can read and be reached by written messages; b rural women do not often participate in discussion and decision fora; c women do not often receive services from extension or outreach health workers; d women are economically and socially dependent on men. Some not included in the figure will have lost their father only. Peak infection occurs between 15 and 24 years, which implies that year-old girls with AIDS are infected before or during puberty.