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The complexity of HIV Prevention in Uganda requires more than a theoretical panacea

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HIV prevention responses vary from behavioral change interventions to biomedical interventions and combinations thereof. The HIV epidemic in the Sub-Saharan Africa (SSA), though stable, continues to be a major public health challenge for many countries. In response strategies where combination interventions are offered, the response is strengthened and the impact bigger. This article responds to the call for considering the social representations theory (SRT) as an answer to inform research about the mechanisms of behavioural change for HIV prevention in the sub-Saharan context, in particular when planning for high risk groups.

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Uganda is one of the countries globally that is hailed for its successful AIDS management response resulting in decreased new infections of HIV. Research reported on the mechanisms by

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which this "Ugandan miracle" was achieved in the last decade (Cohen, 2004; Slutkin et al., 2006). Clearly this success is attributed to more than the ABC health promotion approach that formed the basis of the early AIDS response in most countries. The ABC approach assumes that knowledge influences attitudes and results in behaviour change accordingly (Cohen, 2004). However, this is not always the case. Researchers, early on in the epidemic, recognised that teaching people to abstain from sex, remain faithful to one's partner and use a condom (ABC) will not get far, as the ability to act on this ABC message is greatly influenced by men and women's social and structural challenges. Hence, life skills interventions such as the Stepping Stones took HIV prevention to the next level by integrating it to the broader discussion of sexuality, reproductive health and rights (Skevington, Sovetkina, & Gillison, 2013). Stepping Stones is just but one example of interventions that go beyond the ABC message. Developed in Uganda (Welbourn, 1995), it has been adapted for use in many countries in the Sub-Saharan Africa (Jewkes, Nduna, & Jama, 2002) and globally (Skevington et al., 2013) and has been scientifically evaluated through a randomised controlled trial and other research designs for effectiveness (Jewkes et al., 2008). This and other similar programs are behavioural interventions based on adult basic education and transformative theoretical foundations (Ngidi & Moletsane, 2015). Despite the progress made in curbing new infections and treating people already infected with HIV, sexual risk still prevails in Ugandan sexual networks (Wagner et al., 2010). Most notably is the positive contribution of age-disparate sexual relationships with a transactional element (Chapman et al., 2010; Mojola, 2014). There is renewed focus now on diverse sexual networks such as concurrency that complicate the models of HIV prevention that were not so relevant at the early stages of the epidemic. When the epidemic was new, it was useful to reduce the number of sexual partners and now it is more relevant to pay attention to concurrency, transactional sex and beyond behavioural factors to look into physiological factors such as use of hormonal contraceptives, existence of STI's, in particular HV, the partners viral load, and so on and so forth (Jewkes, Dunkle, Nduna, Jama, & Puren, 2010; Jewkes, Dunkle, Nduna, & Jama Shai, 2010; Jewkes, Dunkle, Nduna, & Jama Shai, 2012). Studies suggest that beyond both the ABC campaigns and extended and life skills, appropriately funded social and structural interventions contributed much to the fall of the AIDS epidemic in Uganda.

In the article, John Baptists Ngobi makes a very important point about the local context and in particular the influence of 'culture or systems of meaning, knowledge, beliefs and practices that organise sexual attitudes and relations' as necessary factors to be taken into account when designing research and interventions on HIV prevention for high risk groups. These are suggested as basis for understanding social competence in relation to individual's abilities to 'draw benefits from health programmes'. This is useful; however two important aspects that are reflected in research on HIV prevention in SSA need to be considered.

Firstly, structural drivers of sexual risk to HIV mean that people do not always 'act' in their own volition. In Uganda, as in other societies, sexual violence is rife and limits young women's ability to engage in safe sex. Though infections are known to happen mainly in stable relationships these can be fraught with sexual coercion and male partner's refusal to use condoms (Wagman et al., 2009). With about 14% of Ugandan girls reporting forced first sexual intercourse (Koenig et al., 2005), this not only results in direct risk for HIV infection from forced sex but has psychological sequel that may negatively influence young women's self-efficacy in condom use. Some of the sexual violence that is reported by women in Uganda is in the conflict situations (Kinyanda et al., 2010) where 'normal' cultural practices are distorted. It would be useful to discern the usefulness and limits of this theory in such contexts. War related sexual violence is not uncommon in SSA and has direct links with HIV infection. This peculiarity needs to be thought through prior to recommending 'European' theories in 'non-European' contexts. Please note that I deliberately use these terms in inverted commas as I did not quite grasp Ngobi's use of the term non-European when clearly referring to the people of Uganda; it makes it sound like the European is the standard with that which is 'non' othered. However, I prefer Ugandan to 'non-European'. Individualism vs collectivism in this context is also an important factor to consider where psychological theories are used. Research demonstrates that factors such as condom use efficacy and church attendance are strong predictors of condom use (Wagner et al., 2010) and these are influenced by the collectivist orientation in this Ugandan cultural context.

Secondly, socio-demographic factors are critical in analysing the AIDS epidemic. Gender and age dynamics also influence the AIDS epidemic globally and more so in the SSA. Men and women in Uganda and other SSA countries are not equally vulnerable to HIV as there are serious age and gender differences that need to be taken into account when applying the Social

Representation Theory. There are powerful structural factors behind the age, gender and socio-economic status differences in HIV vulnerability and a single theory may fall short of comprehensively capturing these. Research from Uganda agrees with similar studies in the region about the role of poverty, unemployment, inequality in shaping everyday sexual behaviors within and between cultural groups (Parkhursta, 2010). Transactional sex is highlighted as one of the major drivers of the AIDS epidemic among young women (dating older and gainfully employed men) in the predominantly heterosexual epidemic (Mojola, 2014; Samara, 2010).

What puzzles one is that the ABC approach has failed to make a positive contribution to HIV prevention and yet Ngobi suggests a theory that would make ABC a central strategy. Perhaps the author could move away completely from the ABC model so that this theory is tested in a different and more comprehensive strategy. The role of 'inter-subjective communications' is critical and rightfully so, so it should be central in interventions such as voluntary counselling and testing, early diagnosis and treatment of sexually transmitted diseases, prevention of mother to child transmission and provision of anti-retroviral treatment instead of the ABC campaign.

The approaches that are problematized in this article by Ngobi are discussed as isolated theories and yet the interventions are meant to be used as 'combination therapy'. Biomedical approaches alone are not a panacea in the fight against AIDS and neither are behavioral interventions. Combined, the strength of these interventions is increased and the outcomes are better (Cohen, 2004). Multi-pronged and combination interventions yield better health outcomes post interventions and this is also reported in one Ugandan study (Karim et al., 2009). In this African Youth Alliance Program a comprehensive multicomponent approach was implemented which consisted of behaviour-change communication and youth-friendly clinical services, and policy and advocacy interventions. In instances where these are delivered in silos due to either lack of stakeholder coordination or budgetary contracts they have very limited success. When these interventions, singularly delivered, are evaluated this gives half the picture of their efficacy. The epidemic has evolved; new viral strains and mutations of the virus have revealed new information about biological risk. The introduction of Anti-retroviral therapy introduced drug resistance and this influenced prevention and transmission risk. What worked twenty-five years ago may not work now and basing a proposed 'new' theoretical way of looking at HIV behaviours by criticising interventions of 25 years previously may prove to be short-sighted. Combination therapy evaluation

studies are needed in order to learn more about the impact or lack thereof of these approaches. Simply adding another theory, such as the SRT, to unilateral evaluation studies will suffer the same flaws. This theory would also need to be applied in a context of multipronged interventions.

REFERENCES

Chapman, R., White, R. G., Shafer, L. A., Pettifor, A., Mugurungi, O., Ross, D., . . . Hayes, R. J. (2010). Do behavioural differences help to explain variations in HIV prevalence in adolescents in sub-Saharan Africa? *Tropical Medicine & International Health, 15*(5), 554-566.

Cohen, S. (2004). Beyond Slogans: Lessons from Uganda's Experience with ABC and HIV/AIDS. *Reproductive Health Matters, 12*(23), 132-135. doi: 10.2307/3775982

Jewkes, R., Dunkle, K., Nduna, M., Jama, P. N., & Puren, A. (2010). Associations between childhood adversity and depression, substance abuse and HIV and HSV2 incident infections in rural South African youth. *Child Abuse & Neglect, 34*, 833-841.

Jewkes, R., Dunkle, K., Nduna, M., & Jama Shai, N. (2010). Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *The Lancet D-09-06472R2.* doi: 10.1016/S0140-6736(10)60548-X

Jewkes, R., Dunkle, K., Nduna, M., & Jama Shai, N. (2012). Transactional sex and HIV incidence in a cohort of young women in the Stepping Stones trial. *Journal of AIDS and Clinical research, 3*(5).

Jewkes, R., Nduna, M., & Jama, P. N. (2002). Stepping Stones, South African adaptation (Vol. Second Edition). Pretoria: Medical Research Council.

Jewkes, R., Nduna, M., Levin, J., Jama, N., Dunkle, K. L., Puren, A., & Duvvury, N. (2008). Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *British Medical Journal, 337*(7666). doi: a506 10.1136/bmj.a506

Karim, A. M., Williams, T., Patykewich, L., Ali, D., Colvin, C. E., Posner, J., & Rutaremwa, G. (2009). The Impact of the African Youth Alliance Program on the Sexual Behavior of Young People in Uganda. *Studies in Family Planning, 40*(4), 289-306.

Kinyanda, E., Musisi, S., Biryabarema, C., Ezati, I., Oboke, H., Ojiambo-Ochieng, R., . . . Walugembe, J. (2010). War related sexual violence and it's medical and psychological consequences as seen in Kitgum, Northern Uganda: A cross-sectional study. *BMC International Health and Human Rights, 10*(1), 28.

Koenig, M., Lutalo, T., Zablotska, I., Nalugoda, F., Wagman, J., & Gray, R. (2005). Coerced first intercourse and reproductive health among adolescent girls in Rakai, Uganda. In S. Jejeebhoy, I. Shah & S. Thapa (Eds.), *Sex without Consent: Young People in Developing Countries*. New York: Zed Press.

Mojola, S. A. (2014). *Love, Money, and HIV: Becoming a modern African woman in the age of AIDS*. Oakland, Carlfornia: University of California Press.

Ngidi, N. D., & Moletsane, R. (2015). Using transformative pedagogies for the prevention of gender-based violence: Reflections from a secondary school-based intervention. *Agenda*, 1-13. doi: 10.1080/10130950.2015.1050816

Parkhursta, J. O. (2010). Understanding the correlations between wealth, poverty and human immunodeficiency virus infection in African countries. *Bulletin of the World Health Organization, 88*, 519-526. doi: 10.2471/BLT.09.070185

Samara, S. (2010). Something-for-something love: the motivations of young women in Uganda. *Journal of Health Organisation and Management, 24*(5), 512-519.

Skevington, S. M., Sovetkina, E. C., & Gillison, F. B. (2013). A systematic review to quantitatively evaluate 'Stepping Stones': A participatory community-based HIV/AIDS prevention intervention. *AIDS and Behavior, 17*(3), 1025-1039

Slutkin, G., Okware, S., Naamara, W., Sutherland, D., Flanagan, D., Carael, M., . . . Tarantola, D. (2006). How Uganda reversed its HIV epidemic. *AIDS and Behavior, 10*(4), 351-360. doi: 10.1007/s10461-006-9118-2

Wagman, J., Baumgartner, J. N., Waszak Geary, C., Nakyanjo, N., Ddaaki, W. G., Serwadda, D., . . . Wawer, M. J. (2009). Experiences of sexual coercion among adolescent women:

Qualitative findings from Rakai District, Uganda. *Journal of Interpersonal Violence, 24*(12), 2073-2095. doi: 10.1177/0886260508327707

Wagner, G. J., Holloway, I., Ghosh-Dastidar, B., Ryan, G., Kityo, C., & Mugyenyi, P. (2010). Factors associated with condom use among HIV clients in stable relationships with partners at varying risk for HIV in Uganda. *AIDS Behaviour, 14*, 1055-1065.

Welbourn, A. (1995). Stepping Stones: A training package in HIV/AIDS, communication and relationship skills: Strategies for Hope.

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