

Impact of ART rollout on Sexual and Fertility Behavior in Uganda

Antiretroviral Therapy (ART) aims at reducing the HIV viral load while providing other appropriate therapies for HIV-related complications. The treatment prevents HIV transmission, complications, the long and short-term adverse drug reactions associated with antiretroviral agents, and preserves HIV treatment options (Barlette, 2007). In the wake of the, HIV/AIDS scourge, the number of people accessing Antiretroviral Treatment (ART) is rapidly expanding in many countries. There is increasing recognition of the importance of community-focused support for ART uptake and adherence in collaboration with formal health services. In Uganda, it is already clear that the rollout process is overstressing both the implementing health facilities and the Ministry of Health. The human and infrastructure resource demand is fast proving overwhelming. It is estimated that there are about 1,000,000 people currently living with HIV in Uganda, of whom, between 100,000 to 150,000 need Antiretroviral Treatment. The ministry of Health estimates that 35,000 clients were on ARVs by end of January 2005 (EMU Press, 2006). Decisions to conceive, carry babies to full time, engage in sexual relations are increasingly being influenced by the stereo status, access and adherence to ART as preventive measures against further spreading of the disease

Related studies have indicated that within 2 years of the ART revolution, (1996-1997), there was a 60%-80% world wide decrease in mortality, AIDS rates, and hospitalizations for HIV-associated. Uganda Particularly has been highlighted as a success story in the fight against AIDS a drop from 15% in the early 1990s to 6%, by the end of 2005, (UNAIDS) . However it is believed that the prevalence rates are slowing rising again, due to structural constraints arising from the side effects, drug resistance (causing many patients to eventually have virologic failure in the long-term) and inability to adhere to ART treatment due to endemic poverty, often the disease is spreading against a setting of deteriorating public services, poor employment prospects, poverty, ignorance, limited ART access all of which have been shown to be critical to treatment success

HIV/AIDS continues to be a major problem especially to the reproductive and productive group (15-45). The HIV/AIDS behavioral survey of 2004/05 established that the HIV rate among the 15-49 was about 6%. The impact of the AIDS pandemic to development is clearly visible in the lose of highly trained expertise, which is difficult to replace irrespective of available prevention and treatment and care programmes and the scale of the crisis expected to remain significant for many generations to come.

Despite, Uganda's progress, on HIV/AIDS, The virus continues to be the major cause of death for adults in the country. It is further given that the population of Uganda will plunge from 30 to 20 million by the year 2010 as a result of the epidemic. Uganda also records the highest proportion of AIDS orphans in the world most of whom do not live to their 5th birthday. Sero-survey 2004/05 estimates that about 46% of the orphans in Uganda are due to the effects of HIV/AIDS. This high number is evidence that mother to children transmission is still a challenge responsible for the transformations in the demographic structure of most badly hit areas like Rakia where families commonly

comprise of a grandparent surrounded by grandchildren. There are also large numbers of children-headed families about 1% of the total number of children 10-17 years (Census, 2002) and communities of children without any caring adults at all.

Objectives of the study

The main aim of this study is identify the relationship between ART adherence, sexual and fertility behavior. Specifically, the study intends to;

1. Evaluate the level of ART adherence
2. Compare fertility and sexual behavior of ART patients and those not on ART but HIV positive
3. Identify some side effects of ART treatment
4. Determine the socioeconomic and demographic factors responsible for expected fertility and behavior patterns among HIV patients

Data source/ Methodology

Exit interviews will be conducted on ART clients and supplemented with key informants' discussions (service providers) and in the central region from organization comprising of; Uganda Virus Research Institute(UVRI), The AIDS Support Organization (TASO) and Centre for Disease Control(CDC). Analysis will be done at three levels, the direction and the strength of the association between sexual and fertility behavior will be explored using the chi-square test while models will be run to examine the net effect of selected factors on ART and fertility.

Significance of the study

There is no data pertaining to the sexual and fertility behavior of HIV patients under ART. This study therefore aims at providing baseline information upon which future studies can be based. The study also will explain the association between perception of risk of HIV infection and sexual behavior which remains poorly understood in most reviewed literature, especially since perception of risk is considered to be the first stage towards behavioral change from risk-taking to safer behavior and considerably contributes to the sexual behavior and patterns of individuals of a given locality

Problem statement

Persistent rises in fertility levels attributed to sexual behavior patterns are often studied basing on the socio- economic and cultural dimensions. This study differs on the basis of analysis; the sexual behavior affecting fertility among HIV/AIDS victims being a product of access and adherence to ART (the role of reduced stigmatization due to psychotherapy, availability of preventive HIV drugs and Prevention of Mother to Child Transmission PMCT) as being perquisites to HIV positive patients decisions regarding sexual relations and reproduction.

Conceptual Framework

From this study, it is anticipated that the decision to have an addition child, engage in a sexual union or even have more sex patterns among HIV/AIDS victims is as a reflection of the kind of ART accessed, adherence to treatment, form of therapy given, demographic aspects of respondents, the prevailing socio-economic conditions and the individual factors that affect immunity, acceptance of HIV/AIDS condition, endurance traits, social class and length of disease period

Expected results

1. Availability of ART(Prevention of Mother to Child Transmission PMCT) increases chances of wanting an additional child
2. Some HIV treatments, increase levels of Promiscuity
3. Knowledge and availability of nevirapine treatment increases the chances of trying for another child
4. psychotherapy demystifies HIV
5. Lack of ART induces risky behavior among HIV positive people
6. Having many children is a survival strategy among the illiterate HIV/AIDS patients

Reference:

John G.**Barlette**,Joel E Gallent,Johns Hopkin 2007, Adverse Drug Reactions (Adr) Due To Anti-Retrovirals (Arv) : Issues And Challenges . Medicine health publishing business group.Baltimore

Ministry of Health and ORC Macro. 2006. Uganda HIV/AIDS Sero-Behavioural Survey 2004-2005. Calverton, Maryland, USA: Ministry of Health and ORC Macro.

Ruairi Brughra 2007, Antiretroviral treatment in developing countries: the peril of neglecting private providers

Uganda Bureau of Statistics(UBOS). 2002 Uganda Population and Housing Census, Census Atlas: Mapping Socio-Economic Indicators for National Development (February, 2007) Uganda Bureau of Statistics.