

Relationship between TASO Community Initiatives and HIV/AIDS Control in Uganda

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Abstract: *The study examined the effect of TASO Community Initiative campaign on HIV/AIDS control in Uganda. It focused on Entebbe Community that houses the national headquarters of The AIDS Support Organization (TASO). The specific objectives were; (1) to establish the effect of education information on HIV/AIDS control in Entebbe area; (2) to ascertain the relationship between positive attitude promotion and HIV/AIDS control in Entebbe area; (3) to assess the effect of sensitization and promotion of behavioural change on HIV/AIDS control in Entebbe area. The sample comprised 90 respondents who regularly seek treatment from TASO head quarters in Entebbe out of whom only 61 respondents filled and returned completed questionnaires. The results of the study revealed that while these community initiatives continue to help in the control of HIV/AIDS in Uganda, their activities were found to be insignificant in that all the variables analyzed in this study do not directly depend on them. However, the campaign in form of education information significantly relate with sensitization and promotion of behavioural change [$r = .467^{**}$, $p < 0.0001$] and it also relates with positive attitude promotion [$r = .347^{**}$, $p < 0.006$]. After this finding, regression results using education information as the dependent variable also indicated that there is a positive and significant effect of education information on positive attitude promotion [$\beta = .298$, $t = 2.687$, $p < 0.009$] and sensitization to promote behavioural change [$\beta = .435$, $t = 3.920$, $p < 0.0001$]. Therefore it is concluded here that the current TASO community initiatives in Entebbe should be strengthened so that strategies geared towards education information that have messages of sensitization and promoting behavioural change and those that promote a positive attitude take the centre stage in the HIV/AIDS control strategy. In other words, resources for controlling HIV/AIDS in Uganda should be invested in education information to sensitize and promote behavioural change and develop positive attitude implying that community initiative groups need refocus their strategies to make HIV/AIDS control significant.*

Keywords: Positive attitude, sensitization, behavioural change, Community initiative, HIV/AIDS, Education information

1. Introduction

As the battle for the control of HIV/AIDS rages on, there is need for all stakeholders to evaluate the effect of the existing strategies towards combating the pandemic. The problems, setbacks and challenges of HIV/AIDS have not only come out as social alone but economic, political, religious, environment and legal as well. This study therefore was premised on the assumption that TASO Community Initiative campaigns have played a significant role in the control of HIV/AIDS in Uganda. Given the history of the Community Initiative and the role it has played through people who testify that they live with HIV/AIDS, most of the people would instantly opt for behavioural change. Therefore the purpose of this study was to thoroughly investigate this phenomenon and examine how the TASO community initiatives have influenced the HIV/AIDS control in Uganda.

Fighting HIV/AIDS in Uganda has always involved the government, indigenous community and the International Non Governmental Organisations (NGOs). The community initiatives are particularly established by people living with HIV/AIDS (PLWHAs). Among the most common ones is the AIDS Support Organisation (TASO) that has always focused on tackling HIV/AIDS from all fronts; social, economic, cultural and medical through networks and linkages.

According to UNAIDS (2007), it is during the early years of the HIV/AIDS pandemic that many people who worked in HIV/AIDS prevention believed that religious leaders and organisations were intrinsically antagonistic to what they were trying to accomplish. In the minds of many people the stereotypic religious leaders and or organisations were morally conservative, disapproving of any form of sexual behaviour outside of marriage, condom use and sex education in schools.

In 2015, an estimated 1.5 million people were living with HIV, and an estimated 28,000 Ugandans died of AIDS-related illnesses. As of 2015, the estimated HIV prevalence among adults (aged 15 to 49) stood at 7.1%. The number of new HIV infections in Uganda increased by 21% between 2005 and 2013 (UNAIDS, 2016).

According to UAC (2015), infections are now reducing and fell from 140,000 in 2013 to 83,000 in 2015. The number of AIDS-related deaths decreased by an estimated 19% over the same period as a result of the robust treatment and prevention initiatives that have been implemented in recent years, leading to improved conditions for people living with HIV. Due to the implementation of antiretroviral treatment throughout the country there has been a gradual increase in the number of people living with HIV receiving treatment. In 2013, Uganda reached a tipping point whereby the number of new infections per year was less than the number of people beginning to receive antiretroviral treatment.

However, as of 2015 around 40% of adults living with HIV were still not on treatment. Persistent disparities remain around who is accessing treatment and many people living with HIV experience stigma and discrimination (UNAIDS, 2016).

Kabanda (1992) reported that the TASO community-based integrated prevention and care was operating in 12 communities by 1992. He observed that there is need to take a critical look at its work after realizing that many of its clients who came for counselling had no follow-up community support. At the same time, TASO offices were being flooded with requests for training and support from various community groups. Therefore, TASO realized that by giving people at the community level the basic skills needed for home care, counselling and HIV/AIDS education, they could help extend TASO's services to more people.

According to TASO Community Initiatives Manual (2007) the overall purpose of establishing TASO community initiatives was to build and support community based responses to HIV/AIDS epidemic. Thus, TASO community initiative in Entebbe was set to achieve the following specific objectives; (1) to provide AIDS education and accurate information on HIV/AIDS prevention and care at the grass root level; (2) to promote positive attitudes and build community capacity to manage and care for those infected and affected by HIV/AIDS; and (3) To stimulate community sensitization and promote positive behavioural change geared towards curbing the further spread of HIV.

2. Literature Review

International organizations such as UNAIDS (2000) have noted that a key element in HIV/AIDS care and support initiative is the provision of psychosocial support. This involves counselling, spiritual support, disclosure and risk reduction strategies as well as medication adherence to the prescribed treatment. It also includes bereavement support. Moreover, for those who are found positive, it requires the establishment and support of peer-support groups. Services that have a focus on education, training, and provision of material, basic economic, spiritual and psychosocial support are extremely important.

According to Aid (2005), challenging HIV/AIDS is possible. It is a preventable disease. Therefore Aid (2005) suggests prevention as a fundamental element of a meaningful response to the HIV/AIDS crisis, and believes this can properly be achieved when wider development issues are also addressed. Concerted efforts, at national and community levels, are beginning to show success in some countries. It has been observed by Museveni in Green (2001) that with strong political and religious leadership, increased education and care at community level, vigorous and targeted campaigning at all levels, and a willingness to fight the stigma and prejudice often associated with HIV/AIDS, countries like Uganda, Senegal and Thailand have been able to reduce the incidence rate of new infections.

Consequently, Parry (2001) observed that in some communities the responses have been muted and activities

are limited to simple prevention messages on World AIDS Day, in countries like Uganda, community initiatives are providing holistic comprehensive care across a continuum and are major contributors to the national response. This involves providing support for people living with HIV/AIDS (PLWHA) and their families through a network of resources and services. A continuum includes care between hospital and home over the course of the illness. The care incorporates clinical management and care, education prevention, counselling, palliative care and social support.

This presupposes therefore that the use of peers as outreach workers is a successful participatory strategy which as UNAIDS (1999) noted can ensure that messages are appropriately communicated and the needs of the target group are better understood. Therefore, the success of such a strategy rests on the principle of an equal relationship between peers, which lends the peer educator more credibility and people are generally more receptive to information. Moreover, (UNAIDS, 1998) concludes that in Uganda, the Philly Lutaaya project is an initiative of young men and women volunteers living with HIV.

3. Methodology

A cross sectional survey design was adopted with a total of 90 respondents selected using purposive sampling method but only 61 respondents filled and returned the questionnaires which was aimed at getting responses from the respondents about their views about TASO Community Initiatives and HIV/AIDS giving a response rate of 67.8%. A five point Likert Scale was used for rating the items of the opinion survey ranging from (5 = Strongly Agree to 1 = Strongly Disagree).

Purposive sampling was used because of the need to get information relevant to the study from specific people. Primary data was collected through the survey method, while secondary data was collected through the review of existing literature that was sourced from TASO community initiatives in Entebbe.

The reliability of the questionnaire was ascertained using Cronbach's Alpha coefficient. The coefficient for this questionnaire was 0.8092 which demonstrated that the questionnaire was reliable for use.

The data collected was processed before the actual analysis and this involved checking the completed questionnaires to check for any errors that might have been committed. This process involved editing the data, coding the data, entering the data in the computer and summarizing the data. Analysis was based on both descriptive and inferential statistical tools using SPSS version 20.

4. Results

4.1 Analyzing descriptive statistics on TASO Community initiatives (TCIs) to control HIV/AIDS

Before conducting the correlation and regression analyses, descriptive statistics was first analyzed. Table 1 shows that most of the respondents agreed that TASO community

initiatives (TCIs) were the source of HIV/AIDS care (86.9%) and prevention (63.9%) information. However, a very low figure which is only (42.6%) agreed that TASO community initiatives have skills in presenting HIV/AIDS information. The results also reveal that a relatively low figure (55.7%) agreed that TASO initiatives use proper methods of delivering information on HIV/AIDS supplemented by another average figure (55.7%) who agreed that TCIs present information through an interesting and entertaining manner. However a larger number (77%) agreed that appropriate languages are used by TCIs to present HIV/AIDS information and an equally larger number (72.2%) agreed that information on HIV/AIDS is presented accurately. Similarly, 75.4% of the respondents agreed that HIV/AIDS information delivered by TASO community initiatives is relevant to People living with HIV/AIDS.

Table 1: Responses on TCIs activities to control HIV/AIDS

No.	Variable	Responses		
		SA & A	N	D & SD
		%	%	%
1.	TCIs are the source of information on HIV/AIDS care	86.9	8.2	4.9
2.	TCIs are the source of information on HIV/AIDS prevention	63.9	27.9	8.2
3.	TCIs provide HIV/AIDS knowledge to the community	67.2	24.6	8.2
4.	TCIs have HIV/AIDS skills for community engagement.	42.6	42.6	14.8
5.	TCIs have skills in presenting HIV/AIDS information	42.6	42.6	14.8
6.	TCIs use proper methods of delivering information on HIV/AIDS.	55.7	27.9	16.4
7.	TCIs provide accurate information to HIV/AIDS clients	72.2	19.7	8.2
8.	TCIs use appropriate languages to deliver HIV/AIDS information	77	11.5	11.4
9.	TCIs deliver information through an interesting and entertaining manner.	55.7	24.6	19.7
10.	TCIs present HIV/AIDS information with confidence	55.7	19.7	24.6
11.	The information delivered by TCIs is understood by the community	59.0	19.7	21.3
12.	HIV/AIDS information delivered by TCIs is relevant	75.4	13.1	11.4

4.2 Descriptive statistics on education information to control HIV/AIDS

The analysis of descriptive statistics in table 2 shows that an average number (55.7%) of the respondents agreed that HIV/AIDS information is delivered to the clients in detail and that proper methods are used to this information. Results also reveal that, 70.5% of the respondents agreed that the community is taught how to use medicine while an average number (57.3%) agreed that the community is given knowledge about HIV/AIDS transmission. It is interesting to note here that a higher number, 88.5% of the respondents agreed that their community is taught how to practice safer sex and 75.4% also agreed that the community is taught how to identify HIV/AIDS related symptoms while only 54.1% agreed that they are taught how to handle HIV/AIDS related symptoms. Finally, 59% of the respondents agreed that the community is informed about the importance of seeking prompt medical care. Therefore, the results here reveal that

in terms of education information, the community initiative has high rating from the population.

Table 2: Responses on education information of HIV/AIDS

No.	Variable	Responses		
		SA & A	N	D & SD
		%	%	%
1.	Proper methods used to deliver HIV/AIDS education	55.7	27.9	16.4
2.	HIV/AIDS education information is delivered to the clients in detail	55.7	24.6	19.7
3.	Community is taught how to use medicine	70.5	13.1	16.4
4.	Community is provided with knowledge about HIV/AIDS transmission	57.3	23.0	19.6
5.	Community is taught how to practice safer sex	88.5	6.6	4.9
6.	Community is taught how to identify HIV/AIDS related symptoms	75.4	13.1	11.5
7.	Community is taught how to handle HIV/AIDS related symptoms	54.1	19.7	26.2
8.	Community is informed about the importance of seeking prompt medical care.	59.0	31.1	9.9

SA; Strongly Agree; A: Agree; N: Neutral; D: Disagree; SD: Strongly Disagree

Testing the relationship between education information and HIV/AIDS control

In order to test the hypothesis that; whether there is a significant relationship between education information and the control of HIV/AIDS in the community, a correlation matrix was generated with the results as indicated in table 3. The results reveal that there is a negative and insignificant correlation between education information provided through the TASO Community initiatives and HIV/AIDS control ($r = -.036, p < 0.781$). This implies that the current practices of providing education information through community initiatives are not significant to mitigate HIV/AIDS. This partially explains why the control of HIV/AIDS infection through community initiatives has not been as effective as expected. However, as the table indicates, there is a positive and significant correlation between education information and positive attitude promotion ($r = .347^{**}, p < 0.006$). Similarly, there is a direct significant relationship between education information and sensitization done to promote behavioural change ($r = .467^{**}, p < 0.0001$). These two variables however do not directly depend on the efforts of community initiatives as analyzed in this study.

Table 3: Correlation matrix

	Community initiative strategies	Positive attitude promotion	Sensitization and behavioural change	Education information
Community initiative strategies	-			
Positive attitude promotion	.058	-		
Sensitization and behavioural change	.061	.122	-	
Education information	-.036	.347**	.467**	-

** Correlation is significant at the 0.01 level (2-tailed)

4.3 Descriptive statistics on positive attitude promotion on HIV/AIDS

The analysis of descriptive statistics in table 4 shows that 91.8% of the respondents agreed that TASO provides routine counselling services to people with HIV/AIDS, 62.3% agreed that TASO employees prescribe routine medicine to people with HIV/AIDS and that TASO supplies medicine to their clients (83.6%). In addition, 72.2% of the respondents agreed that TASO exercises empathy and also provides material support to their clients (77.0%). However, it is important to note that it is only an average number (55.8%) who agreed that TASO provides emotional support and exercises confidentiality while treating patients (57.3%).

Table 4: Responses on positive attitude campaign to control HIV/AIDS

No.	Variable	Responses		
		SA & A	N	D & SD
		%	%	%
1.	TASO provides routine counselling services	91.8	6.6	1.6
2.	TASO prescribes routine medicine to people with HIV/AIDS	62.3	21.3	16.4
3.	TASO supplies medicine to their clients	83.6	9.8	6.6
4.	TASO exercises empathy in the treatment process	72.2	18.0	9.8
5.	TASO exercises confidentiality while treating patients	57.3	24.6	18.0
6.	TASO provides emotional support to patients	55.8	26.2	18.0
7.	TASO provides material support to patients	77.0	14.8	8.2

SA; Strongly Agree; A: Agree; N: Neutral; D: Disagree; SD: Strongly Disagree

Testing the relationship between promoting positive attitude and HIV/AIDS control

In order to test the hypothesis that promoting positive attitude significantly influences the control of HIV/AIDS pandemic, a correlation matrix was generated with the results as indicated in table 3. The results reveal that there is also a direct negative and insignificant correlation between promoting positive attitude and the control of HIV/AIDS pandemic ($r = .058, p < 0.657$). This also implies that there is no relationship between the TASO Community initiatives to promote positive attitude and the control of HIV/AIDS. However, education information significantly correlates with promotion of positive attitude ($r = .347^{**}, p < 0.006$) which might not necessary be as a result of the investigated TASO community initiatives.

4.4 Descriptive statistics on sensitization to promote behavioural change

It can be deduced from table 5 that most of the respondents agreed that TASO advises on abstinence from unprotected sex (65.5%) and the use of condoms (86.8%). However, 52.4% of the respondents disagreed with the statement that sufficient quantities of condoms are distributed by TASO. Results also reveal that most of the respondents agreed that TASO encourages communities to practice safer sex

(75.4%), have one sexual partner (75.4%), avoid harmful habits (67.2%) avoid blood contacts(86.9%) and leave bad cultural practices (72.2%). In addition, 82% of the respondents agreed that TASO encourages on faithfulness to sexual partners.

Table 5: Responses on sensitization and behavioural change campaign to control HIV/AIDS

No.	Variable	Responses		
		SA & A	N	D & SD
		%	%	%
1.	TASO advises on abstinence from unprotected sex	83.6	6.6	9.8
2.	TASO advises on the use condoms	86.8	9.8	3.3
3.	Sufficient quantities of condoms are distributed by TASO	37.7	9.8	52.4
4.	TASO sensitizes on the practice of safer sex	75.4	13.1	11.5
5.	TASO sensitizes on the need for one sexual partner	75.4	19.7	4.9
6.	TASO sensitizes on the avoidance of harmful habits	67.2	14.8	18.1
7.	TASO sensitizes on the avoidance of blood contacts	86.9	8.2	4.9
8.	PWAs are sensitized on the abandonment of bad cultural practices	72.2	14.8	13.1
9.	TASO sensitizes on faithfulness to sexual partners	82.0	8.2	9.8

SA; Strongly Agree; A: Agree; N: Neutral; D: Disagree; SD: Strongly Disagree

Testing the relationship between sensitization to promote behavioural change and HIV/AIDS control

In order to test the hypothesis that there is a significant and positive correlation between sensitization to promote behavioural change and HIV/AIDS control, a correlation matrix was generated and analyzed as indicated in table 3. Results again reveal that there is an insignificant and negative relationship between sensitization to promote behavioural change and HIV/AIDS control ($r = 0.061, p < 0.638$). This implies again that efforts towards sensitization to promote behavioural change are not related to the current community initiatives in place. However, the regression results in table 6 show that positive attitude promotion and sensitization to promote behavioural change significantly depend on education information. In other words, there is a significant and positive effect of education information on positive attitude promotion ($\beta = .298, t = 2.687, p < 0.009$). Similarly, there is a significant and positive effect of education information provision on sensitization to promote behavioural change ($\beta = .435, t = 3.920, p < 0.0001$).

It should be noted here that education information has a main effect on the HIV/AIDS control through promotion of positive attitude and through carrying out sensitization to promote behavioural change with ($F = 8.521, p < 0.0001$). This implies that other activities of the community initiatives do differ significantly from those focusing on education information; positive attitude; and sensitization done to realize behavioural change.

Table 6; Effect of education information on other HIV/AIDS control variables

Model	Un standardized Coefficients		Standardized coefficients	t	Sig.
	B	STD. Error	Beta		
1 (Constant)	3.955	3.180		1.244	.219
Promote positive attitude	.295	.110	.298	2.687	.009
Sensitization to promote behavioural change	.857	.219	.435	3.920	.000
Control	-.260	.357	-.080	-.727	.470

a. Dependent Variable: Education information

Interestingly, when aspects by TASO Community Initiatives was used as the dependent variable, none of the above variables proved significant implying that education information, promotion of positive attitude, and sensitization to promote behavioural change may not directly depend on the control strategies by the TASO Community Initiatives. They perhaps derive their significance from other interventions which were not investigated in this research such as other government programmes and many activities of some faith based organizations.

5. Discussion

Research on HIV/AIDS and its challenges is not new. It is as old as the pandemic became evident with testimonies more in the early 1980s in Uganda. Many researchers like Kemenade (2002) however have warned that there is need for a model that involves care, support, education and sensitization to be developed largely by People living with HIV/AIDS. This study supports that imperative need for a multidimensional approach to control HIV/AIDS in the country. It is found that while the community initiatives have played a role, their current initiatives have not directly and significantly influenced HIV/AIDS control. It has been found in this research that efforts that have been geared towards education information, promotion of positive attitude and sensitization to promote behavioural change have significant impacts in the community. Thus, while people living with HIV/AIDS can be offered social support, empowerment, care in terms of food aid and other materials, TASO should ensure that emphasis is through other strategies which can provide information regarding HIV/AIDS and the general sensitization of the community. This should be messages beyond people living with HIV/AIDS in community per se. Consequently, Putnam (2001) has emphasized the role of civil society organizations in the solidarity initiative to provide a better ground for cooperation and making society more civically engaged. This is but perhaps one of the most effective measures that can yield significant results.

This research therefore provides the need by government to use a multifaceted approach and come up with more strategies that include other ill-health interventions which focus on individuals or groups such as the youths. By doing so, behaviour change which can save future generations can be realized. This is what education information, promoting positive attitude and sensitization to promote behavioural change should focus on. For example evidence from UNAIDS (2007) indicates that the Islamic Medical Association of Uganda (IMAU) has significantly carried out HIV/AIDS control through religious leaders and has had direct impact on particular targeted population. Similarly, according to Green (2001), the Anglican church of Uganda

has also implemented special prevention programmes aimed at the youths and has carried out effective Sunday lessons in both secondary and primary schools in Uganda.

6. Conclusion

In conclusion therefore, the study here documents yet another finding that while there is a significant effect of TASO Community Initiatives on HIV/AIDS control in Uganda, some strategies of the community initiatives at present do not directly impact on the control of HIV/AIDS in Uganda. Instead, it is their education information that directly relates with sensitization aimed at promoting behavioural change. It also relates with positive attitude promotion. Therefore, the current TASO Community Initiatives especially in Entebbe should come up with new strategies of engagement that are effective. However, the current education information that has messages of sensitization, promoting behavioural change and positive attitude are significant towards the control of HIV/AIDS. Put another way, resources and strategies for controlling HIV/AIDS in Uganda should be directed to education information development and provision which has a significant effect towards sensitization and promotion of a positive attitude in the control of HIV/AIDS.

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