

HIV/AIDS and the Community Mobilization Activity in Namibia

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Presentation Outline

- Context of this study
 - HIV/AIDS in Namibia – Brief overview
- Community Mobilization Activity (CMA)
 - The rationale
 - The process
 - The outcomes

HIV/AIDS in Namibia

- AIDS - the single most serious threat to life, education, social, and economic progress in Namibia (www.cdc.org)
- AIDS is the primary cause of death and hospitalization in Namibia (USAID, 2002).
- Top 5 in the world. 22.3% prevalence rate
- A total of 230,000 adults and children are estimated to be living with HIV/AIDS (UNAIDS, 2006).

The spread of HIV

- Approximately 6000 infants likely to be infected each year (USAID, 2002).
- More and more infants will die of AIDS than from all other causes (www.usaid.gov).
- More than 120,000 orphans and vulnerable children with a projected rate of 250, 000 children to be orphaned by 2020 (UN, 2002).
- Cause of HIV infection in Namibia - sexual intercourse and mother to child transmission (USAID, 2002).

The spread of HIV

- The rate of infection is increasing among pregnant women (USAID,2002)
- HIV prevalence is increasing among the general population (MOHSS, 2002)

An attempt to understanding these trends

- What might be going on in these communities experiencing this illness?
- How do we make sense of the extent and spread of the illness given the varied and extensive interventions that are already in place?

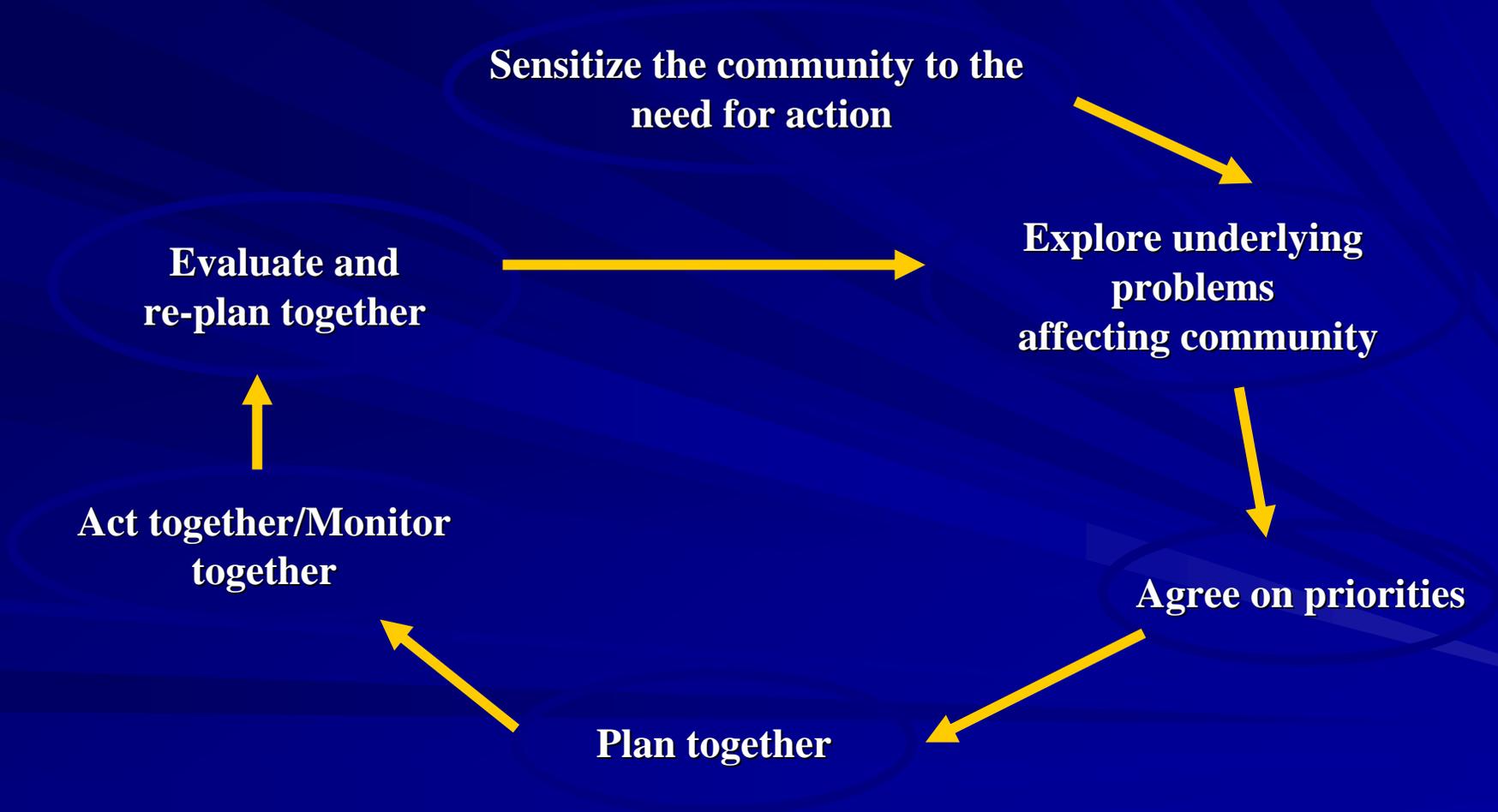
CMA Rationale

- One way to better understand these trends is to
 - Put people being affected most at the center stage
 - Gain deeper understanding of health beliefs around sexual behaviors and HIV/AIDS
 - Assist communities in identifying and responding to factors fuel the local HIV epidemic
 - Stimulate and identify indigenous solutions
 - Supplement what we already know from the quantitative data, by including the perspectives of people, in their own voices.

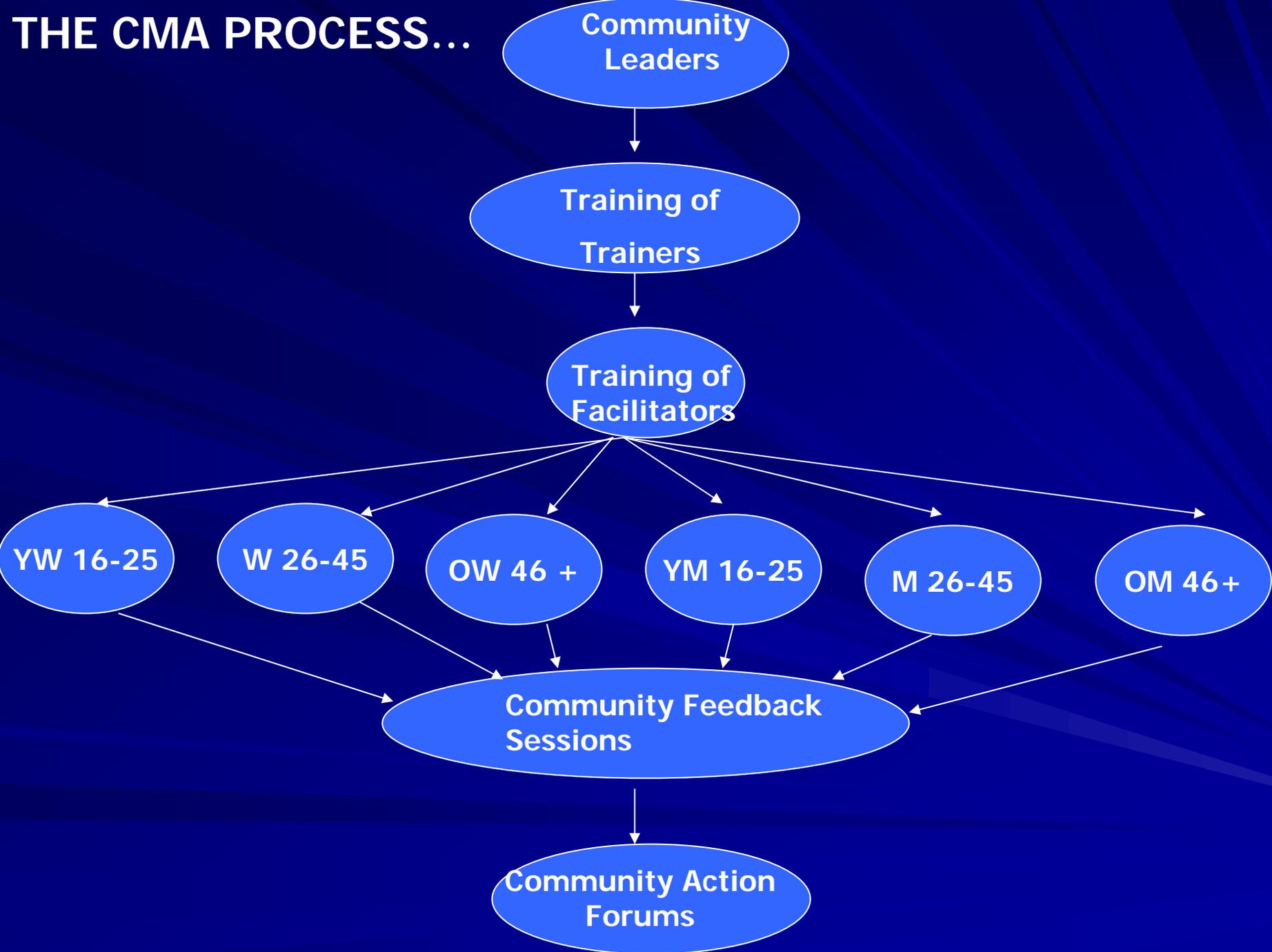
Goal of CMA

Assist the **community** to develop a collective response to the challenge that HIV poses to them, and use this perspective to help design and inform community interventions and communication strategy

Conceptual Framework for the Community-Mobilization Activity – An Action Research Initiative



THE CMA PROCESS...



A unique methodology – The CMA tool

- The CMA tool
 - “People like you”
 - Drawings and symbols

The Peer sessions: exploring underlying problems affecting community:

- Session 1 – To understand the context of HIV/AIDS in the community
 - What are the main problems for people like you in this community?
 - What are the reasons why people like you are getting infected with HIV?

Focus of the peer sessions

- Session 2 - In depth look at the sexual behavior and what influences behavior
 - Who or what are the main influences on the sexual behaviour of people like you?
 - Over a lifetime, how many sexual partners would people like you usually have or expect to have?
 - Who are people like you having sex with?

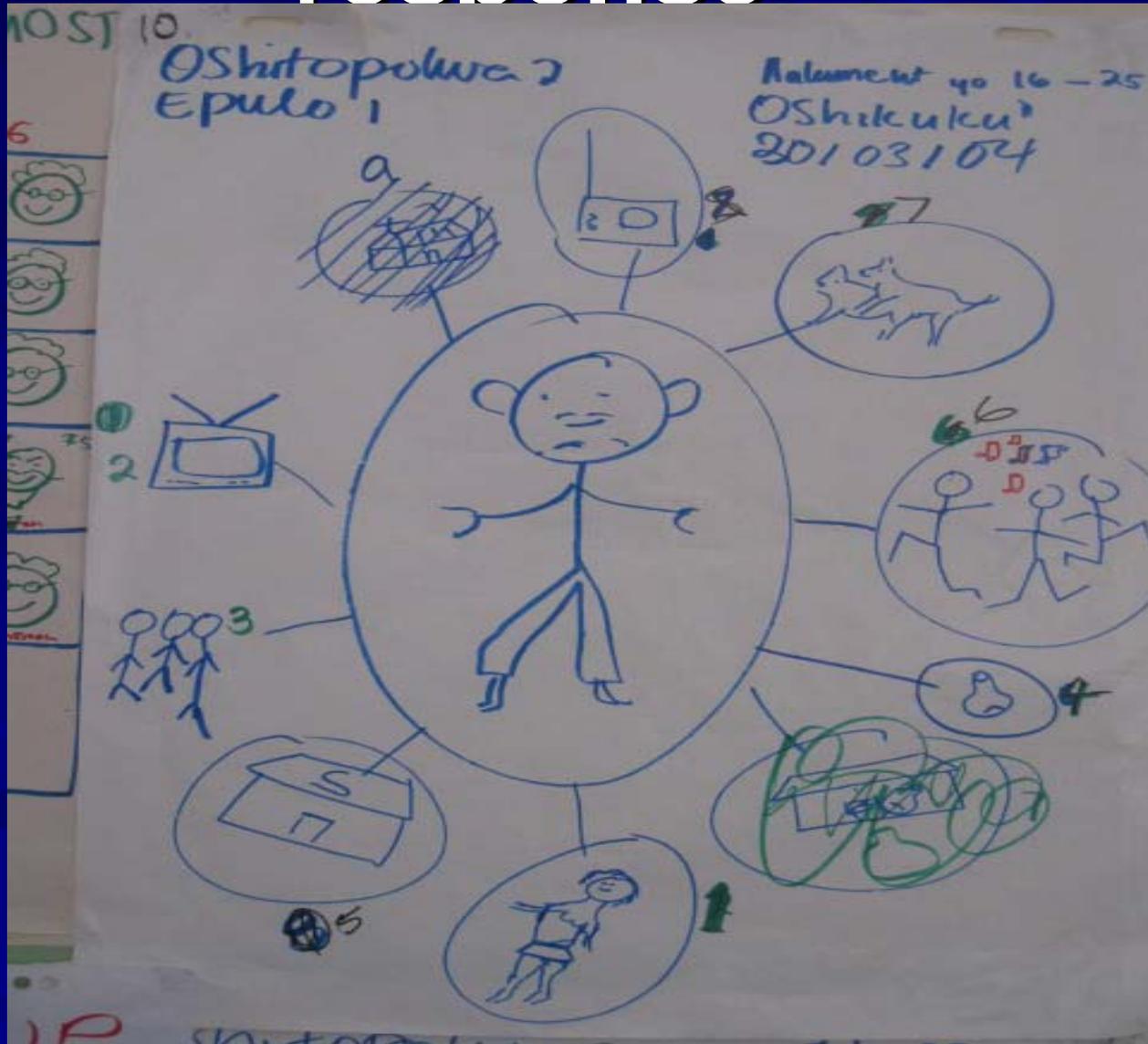
Focus of the peer sessions

- Session 3 - Explores knowledge and understanding of HIV and experience of HIV/SRH services
 - What do people like you need to live a healthy sexual and reproductive life?
 - What is your understanding of the following: HIV prevention, VCTs, FP, PMTCT, Care and support of OVCs, treatment for PLWHA

Focus of the peer sessions

- Session 4 - Explores the history of community life over the past 24 years and helps the peer group develop a vision for the future
 - What have been the significant changes that people like you have experienced over the past twenty years?
 - What changes would you like to see in 3 years time in this community for people like you, particularly in relation to HIV and AIDS?

CMA- An example of one response



Some Findings.....

- Main Problems that the community (Block E and Block B in Rehoboth)
 - Rehoboth Block E- Alcoholism, Drugs, Unemployment
 - Rehoboth Block B- Alcoholism, Drugs, Unemployment

Notice how HIV/AIDS was not mentioned by any of the peer groups!

Block B: Some very common reasons why different peers in the community thought that they got infected with HIV

- Young Men: Alcohol and drug use/ Non availability of condoms/ Peer pressure
- Older Men: Alcohol and drug abuse/ Accidents
- Young women: Unprotected sex/ Forced oral sex/ Intravenous drug use/ Alcohol abuse

Some very common reasons why different peer groups thought that they got infected with HIV.- Block B

- Women: the lure of “Cash, Car, Cell phones” that caused them to have unprotected sex / Alcohol abuse/ Unemployment
- Older women: Alcohol abuse/Poverty/Forced sex

Factors influencing sexual behaviors of different peer groups in Block B.

- Media - the strongest influence on the sexual behaviors of people in Block B.
- Peer pressure/friends were the second most influential factor impacting the sexual behaviors of individuals in block B.
- 'Seeing sexy girls', the church, alcohol, and loneliness were the third most influential factors that impacted sexual behaviors of people in Block B.

Who are people like you having sex with?

- Young Men: Young girls/Prostitutes/Unattractive girls/old women/Young women with children/Married women/Sugar mummies
- Men: School girls/Working women/House wives/Street ladies/Prostitutes
- Older men: Young girls/Prostitutes/Gays/Homosexuals

Who are people like you having sex with?

- Young women: Sugar Daddies/Men in qualified positions/Older men with money/Taxi, Bus, Truck drivers/Married men/Men with status/Family members
- Women: Strangers /one night stand/Working men/Young men/Business men/Sugar Daddy/Truck Drivers/Alcoholics/Peers

Who are people like you having sex with?

- Older women: Young men/body builders/Farmers/Peers/Handy boy/Boss

What do people like you need in order to maintain a healthy sexual and reproductive life?

- Young men: The police /Streetlights /Alcohol free entertainment/ Clinics/ Library Work
- Men: No alcohol/No drugs/ Abstinence/ Church/ Faithfulness to one partner
- Older men: Faithfulness to one partner/No alcohol/Family planning/VCT/Counseling

What do people like you need in order to maintain a healthy sexual and reproductive life?

- Young women: Church/Healthy food/Employment/Faithfulness to one partner/Clean environment/Family planning and Health centers/NGOs/Knowledge and Media/Support from family
- Women: Healthy Family/Money/ Food/ House/Love/Workingmen/Church/Clinic/Health services/Education

What do people like you need in order to maintain a healthy sexual and reproductive life?

- Older women:
Church/Clinic/Money/Healthy
Friends/NGO/VCT/Support from
Family/Healthy Food

The Community Feedback Meetings (CFM): Setting priorities together

- Peer groups reported back in larger community session to begin community dialogue
- Key stakeholders attended this meeting
- Agreed on collective priorities

CFM



CFM



At the CFM: Act together/Monitor together

- Set up community communication forums
- Task:
 - In participation with community and local partners, implement communication activities based on community analysis and vision.
 - Strengthen ongoing links between community communication forums and local implementing partners

Community Action Forums

- Initiates actions plans evolved by the community
- Evaluate existing services and provides feed-back into planning for re-design and re-planning

Looking back:some accomplishments

- The process - putting the community at the center
- Eliciting the *participation* of the community for discussions around such sensitive issues
- Having the community take *ownership* of the process and the outcome
- *Empowering* the community

Some Powerful Anecdotal Evidence

- The mother in Oshikuku
- The older man and his drinking habits
- Closing of a Shebeen (a local bar)
- Feedback given to the health clinics.
- Reflecting as a collective – the first time
- The zest and the motivation

Moving forward

- Expanding the CMA
- Peace corps volunteers